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STORAGE

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FOREWORD

IN making a survey of institutions in Nova Scotia it was clearly understood that the conditions to be studied were different from those encountered in other Provinces. We realized that Nova Scotia had been depleted by persistent drains upon its population and resources, and that its Provincial income was restricted owing to a series of unavoidable hamperings which do not occur in the more recently organized Provinces. Knowing all this we engaged in the work with a full knowledge of the difficulties under which the Provincial authorities have laboured and in making our recommendations for what we believe to be a vastly improved organization of public institutions, understand that it would be impossible to undertake such an extensive programme at once. Such being the case it would be best to begin with reforms appearing to be most urgent. It must be said too, that while we are condemnatory of the whole system of County Care of the Insane we are also aware of many of the circumstances which led to the adoption of a policy that has turned out so badly. It was designed to meet an urgent need at the time, but the moment has now come to abolish it. Of course, it would be difficult and perhaps not expedient to attempt this in a day, and the change should be made gradually, as the finances of the Province permit. The better plan would be to do away with most of the County Houses, and eventually establish suitable farm colonies at two central places not too far removed from Halifax and Sydney.

We are not blind to the inspiring things accomplished in such institutions as the Nova Scotia Hospital, the Maritime Home for Girls, the Presbyterian Rescue Home, Monastery of the Good Shepherd, Halifax Infants' Home, the I.O.D.E. Home, the Salvation Army Maternity Home, etc.

These splendid institutions are a credit to Nova Scotia and as Canadians we are proud of them. It is always the case in a survey that the weak spots come in for most attention, as the policy of reconstruction means, at first, a careful study of the flaws. If we had nothing else to do than direct notice to the defects our mission would be an empty one, but if it is embarrassing to speak of them it is on the other hand pleasant

to feel that a better way of doing things may be pointed out. We left Nova Scotia full of enthusiasm over the possibility of seeing advanced things accomplished, in a province that is far too little known and appreciated by the rest of Canada. The outstanding qualities of its people, its beauties and resources appealed to us at every turn and realizing how much this province has suffered by the depletion of its population as the result of its youth being attracted to the United States and the prairies, we felt a sympathy that could not be expressed when writing our report. We are anxious to make this plain at the beginning, at the same time we feel that even if abuses have crept in here and there as the result of unusual conditions the moment has come to attempt their reform. Everywhere when discussing these problems with Nova Scotians we heard expressed the desire to change things that at present throw discredit on the Province and its people.

We have ample faith in the sanity and judgment of a people who have furnished so many brilliant leaders in Canada and whose reputation for good sense and hard headed qualities make them respected wherever they go. Feeling this we have dared to speak frankly with the expectation that our purpose in doing so will not be misunderstood.

GENERAL ACCOUNT

A SURVEY of Nova Scotia having been asked for by the Provincial Government, the Medical Director, the Associate Medical Director, and the Social Service worker of the Canadian National Committee for Mental Hygiene, undertook the work in August and September of 1920. An extensive itinerary was mapped out by Dr. W. H. Hattie, Provincial Health Officer, Nova Scotia, and almost a complete round of Nova Scotia made, very few of the institutions included in the list given us being passed by.

The conditions met with in this important Province were so different from those encountered elsewhere in Canada that special care was taken in arriving at the truth regarding some of them. It was soon apparent that the point of view regarding the care of the insane was vastly different from that adopted in most communities in America, and it was only too evident that insanity did not come in the category of diseases, when patients had reached the so-called harmless stage.

A perusal of the Statute relating to Local Asylums for the Harmless Insane makes clear the attitude of the Province, and in the interpretation of this Statute it is laid down as follows:—"The expression 'harmless insane' in this chapter includes idiotic persons and epileptic persons who are insane, but who have not manifested symptoms of violent insanity." It is also specified that "the same building may be used for the purposes of a poor house and asylum for the harmless insane, if such building is made suitable for both purposes to the satisfaction of the Governor in Council."

The machinery for the admission of the so-called harmless insane to the poor house or asylum is similar to that employed in securing admission to the hospital for the insane. In the regulations for "Local Asylums for the Harmless Insane" are many recommendations which are of peculiar interest when compared with the conditions found during our survey. These By-Laws and Regulations are intended to instruct superintendents and the employees, but are apparently not mandatory, stating that "it is not claimed that they define with absolute accuracy the duties of the officials, or that they can in every case be entirely and rigidly followed, but it is thought that they contain directions by which the persons for whose use they are intended may carry on their work with credit to themselves and their employers, and with benefit to those who are admitted to their care."

"As at present, many of the local asylums (1918) afford accommodation not only for insane persons, but also for paupers. In some asylums a number of children are received. When such a variety of admissions is permitted it is very essential that facilities be provided for proper classification of the different types of inmates."

"Permission to establish institutions for the care and treatment of the harmless insane was granted by the Legislature to the various municipalities with the expectation that institutions thus established would be so constructed, equipped and maintained as to afford the inmates received therein a degree of comfort and care which would reflect credit upon the humanity of the communities supporting them. While not setting down any definite requirements, it is felt that the following should be observed as essentials, and that in no institution should anything less be considered as satisfactory.

(1) The building should be substantially constructed, and so designed as to permit of proper classification of patients. Day rooms should be provided for each sex and for each class of patients, so that sleeping rooms need not be occupied during the day. The air space in sleeping rooms must not be less than 800 cubic feet per individual. There must be ample provision for ventilation.

(2) The water supply must be pure and abundant, and piped through to building to supply kitchen, baths, and toilets. There must be at least one bathroom and one toilet for each sex. Where no sewerage system is available, the drainage must be carried into an approved sewage tank, the effluent from which must be disposed of in a manner satisfactory to the Medical Health Officer for the municipality.

(3) The building occupied by patients must be comfortably warmed, preferably by a central heating system. Especial care must be taken to ensure a comfortable degree of warmth in the day rooms and bathrooms.

(4) Care should be exercised in the placing of windows to ensure an abundance of sunlight to all apartments occupied by patients. Dark rooms for isolation of refractory cases cannot under any circumstances be countenanced. For artificial lighting, the electric light is advised. Small units, operated by gasoline, are obtainable at reasonable prices and are recommended for the institutions which are so situated that electric current cannot be obtained otherwise. When oil lamps are used, they must be so protected as to make them inaccessible to any but the employees of the institution.

(5) Suitable fire escapes must be provided for all floors above the ground floor. Exits to these must be by doors opening outward. Care must be taken to ensure that the locks controlling exit doors are always in good working order. Chemical fire extinguishers should be provided and

kept in readily accessible places. A number of fire buckets should also be provided, distributed in strategic positions, and kept filled with water at all times.

(6) Single bedsteads only should be provided, and patients must not be permitted to sleep together. Comfortable mattresses, and a sufficient equipment of sheets and warm blankets are required.

(7) Every asylum must have telephone connection, so that medical or other emergencies may be reported promptly to the proper authorities.

(8) Rooms providing for the isolation of refractory patients must be made comfortable in every way and maintained in a thoroughly sanitary condition.

(9) The locks of doors of apartments occupied by patients and of all exit doors must be of substantial make, and maintained in proper working order. The superintendent and matron must be supplied with a master key, which will control all locks of doors of patients' rooms and all exit doors.

(10) In the selection of a superintendent and matron, every endeavor should be made to secure persons who have had institutional experience in the care of the insane. If neither superintendent nor matron have had such experience, a supervisor should be appointed; a woman with the necessary training, preferably a graduate nurse from a reputable hospital for the insane. To the supervisor should be delegated the direction of the nursing care, and the housekeeping of the wards and the quarters occupied by nurses and attendants.

(11) Male and female attendants and nurses should be engaged in the proportion of not less than one to every twenty or twenty-five patients. A larger number of insane persons than the last mentioned cannot be properly looked after by one attendant. In selecting men and women for this important work, effort should be made to obtain persons in good physical health, of good moral character, with plenty of common sense, of equable temper, and able at least to read and write. If they have had experience in the work at some reputable hospital for the insane it will be an advantage.

Authority to use restraint and seclusion is given on page 12. "An accurate record of every instance in which isolation, seclusion or restraint is ordered, stating name of the patient so treated, setting forth the reason for the treatment, and indicating exactly the duration of time during which such treatment is maintained. He shall forward a copy of such record to the Inspector quarterly."

A medical officer is provided for and a weekly inspection demanded, in asylums with 100 or more patients a daily inspection, patients are to be bathed at least once a week, precautions against fire are taken and the buildings are supposed to be of proper construction, etc.

Although these regulations were not laid down until some time after the establishment of the County System, yet apparently there was no confusion of thought regarding their function. They were deliberately planned with the idea that they would answer the purpose of caring for certain helpless classes at a modest rate of maintenance. What has happened was inevitable, and Nova Scotia is simply passing through the experience of such states as Massachusetts, New York and others, where similar conditions existed until the public opinion demanded their reform in the interests of humanity.

In 1865 a report was submitted in reference to the Poor House and County system in New York State. It embodied the following statements,—"The facts elicited by this investigation are too appalling to be forgotten, and too important to be thrown aside. In order to make room for recent cases, and such as afford promise of relief or cure by treatment, and those who are constantly urging for admission, and humanity demands that they shall not be turned away, it becomes necessary for the State Asylum to return to the counties by which they have been supported at the asylum many chronic and incurable cases. In many instances the counties have little or no disposition to send such cases there, prompted by the idea that they can be supported at less expense in a county poor house. The state has grown immensely in population and in due ratio the number of its insane has increased, until its state asylum is filled to its utmost capacity, and the tide of its overflow has set back upon the county poor houses; and they too have become filled to an excess of human misery, degradation and wretchedness that wrings a cry of distress from the heart of every philanthropist."

At the time this report was made some 1,400 insane outside of the counties of New York and King's were being treated as paupers, without medical care, and dependent largely upon their brother paupers for such attention as they received. The result of this movement was the establishment of the Willard Asylum. Quoting from the report on Institutional care of the Insane,—"At the time there was much adverse criticism of the principle which this act created, viz., separate institutions for the acute and chronic classes, but in reality that principle had been followed for years under the very worst conditions, when the chronic cases were returned from Utica to the county homes."

"The movement on the county authorities which began in 1871 for exemption from sending the chronic class to the state institutions was gradually extending until, in 1887, nineteen counties had been legally authorized to maintain this class of dependents, the State Board of Charities having the power to grant such exemptions under promise from the counties "to give their insane just as good as the state gives." The abuses under this arrangement were so great that an active campaign

asking for legislation to obliterate county care entirely was successful in obtaining the passage of a law creating a new State Commission of Lunacy in 1889 and the blot on the fair name of New York State was almost immediately obliterated. The State hospitals were enlarged and the insane disappeared from the county poor houses.

The results were gratifying in the extreme, from the humanitarian standpoint, and the reduction in the cost of maintenance an unexpected and splendid achievement.

We have quoted the New York experience at some length as the conditions were to a great extent parallel to those existing in Nova Scotia at the present time.

The regulations for the Local Asylums for Harmless Insane, theoretically at least, are supposed to provide for the proper care of insane adults, paupers and children, but a moment's reflection will convince almost anyone that they were impossible. Let us see how they work out in practice, admitting for the sake of argument that such a classification as that outlined in the foregoing paragraph can be justified.

How many of the local asylums are substantially constructed, and so designed as to permit of proper classification of patients? The new wing at Pugwash and the building approaching completion at Stellarton are the only ones that fall within the definition.

The requirements regarding water supply, etc., are not lived up to in a great number of instances,—indeed, one asylum had water carted for nearly six weeks on account of the failure of supply.

Heating arrangements are anything but satisfactory and in some institutions so inadequate that positive suffering results to the inmates.

Regulation 4, regarding lighting, isolation of refractory patients, etc., is only too often a dead letter.

Regulation 5, insisting on the maintenance of proper fire escapes, is rarely attended to, and the number of fire traps in existence is appalling.

Regulation 6, calling for single bedsteads, mattresses, and bedclothing, is not strictly observed.

Regulation 8, referring to the comfort of refractory (harmless) patients in isolation is a dead letter.

Regulation 9, referring to locks. etc. The breaches of this regulation are extremely common.

Regulation 10, re qualifications of Superintendent, Matron, and other officials, is not strictly observed.

Regulation 11, re proportion of nurses, etc., to patients, is not strictly observed.

The regulations provided for the County Asylums are impossible of fulfilment because the policy of herding senile, mental defectives, cat-

atonics, idiots, and active cases of insanity in buildings not only unsuitable, but also improperly staffed, makes a situation that cannot be coped with under the County System.

In 1917, the Government Inspector, Dr. W. H. Hattie, referred to the conditions found in Cornwallis Alms House and the Inverness County Asylum in no uncertain language, saying, "My predecessors have repeatedly referred in the most condemnatory terms to the Cornwallis Township Alms House, and my own accounts of this institution have certainly not been complimentary. But none of these reports have led to any adequate attempt to improve conditions at this institution, and it remains indescribably discreditable, a veritable hovel. Those responsible for the administration of the Barrington Alms House are going on with the plan of enlargement mentioned in the last report—a plan which has not had my endorsement, but which it would be unfair to condemn before it has been given a trial.

"The Inverness County Asylum is one of the largest of our county institutions, accommodating nearly a hundred patients. These people are housed in a cheerless, ramshackle old fire trap, which is poorly equipped and in bad repair, and which is altogether unsuited for asylum purposes."

"When one visits repeatedly such institutions as these, and finds so little evidence of willingness on the part of those responsible for their maintenance to adequately remedy the defects which are so apparent, one feels that the inmates must often repeat, in substance at any rate, the prayer of Sir Philip Sydney, "From them that use us thus, Good Lord deliver us!" Five hundred years ago, John Ball wrote that, in looking out over England, he saw "The great treading down the little, the strong beating down the weakly, the cruel man fearing not, and kind men daring not, and the Saints in Heaven forbearing, and yet bidding me not to forbear." Are conditions in some parts of our Province to-day better than those of five hundred years ago in England?"

These are strong terms, but although penned some years ago things in these particular institutions are not any better, but, if possible, worse. Take too, the conditions in the Halifax Poor House. Although some seventy-five inmates were burned to death prior to the building of this institution, the lesson was lost and the precautions against fire to-day are inadequate.

Dr. Hattie, in his admirable report on Humane Institutions, published in 1917, on page six, touches on a vital cause of failure in the County Poor Houses. "Very few of those in charge of county institutions have had any experience in the administration of such institutions other than that which they have accumulated in the place where they are engaged. The wisdom of the method commonly followed in selecting

superintendents is, to say the least, questionable. In some instances, the position is said to have been put up to tender and awarded to the lowest bidder. In some instances, the choice has been decided by capacity for the successful prosecution of farming operations. Fortunately, good farmers are usually good administrators, but there is, in some instances, a disposition to glorify the farm at the expense of the institution. The good of the inmates of our institutions should surely be the first and principal consideration, to which everything else should be subordinated, and the factor which should have greatest weight in the selection of a superintendent should be a combination of those traits which would insure the best care of our unfortunates. When it is possible to secure the services of one who has had previous experience in this particular work, and who has demonstrated capacity for the work, it is surely reasonable that such a person should be chosen. When no one with such experience is available, it is suggested that a short period of training at the Nova Scotia Hospital should be required before appointment to a county institution is sanctioned."

We do not agree with him, however, that a short period of training in the Nova Scotia Hospital would get over the difficulty. The only safeguard against the abuses bound to occur under lay management is the establishment of government control under such a plan as that outlined further on in this report. Several of the superintendents in the County asylums have had even more extensive training than that suggested by Dr. Hattie, but it has not resulted in the improvement to be hoped for.

No matter how stringent the regulations may be made, the County system is bound to fail, and without dilating further on the unpleasant facts, the practical point is to find how to remedy the present difficulties. If the County system were a new experiment we might be inclined to suggest a further trial of it, but common sense and experience make it plain that it is hopeless to endeavour to care for mentally diseased people by any such method as that being attempted at present in Nova Scotia. Even if insanity were a crime rather than a disease, the present methods of care would be unjustifiable. The tragedy of mental disease is bad enough without adding to its horrors, and the argument that the cost of maintenance would be increased by a system of government control is not reasonable, and possibly an exaggeration. Maintenance under a humane and properly developed government system of control need not be extravagant, but on the contrary economics may be effected that are not possible at present. However, that whole question will be discussed under the heading of recommendations.

This question of maintenance is full of dangers to the helpless creatures who have no means of asserting their rights to proper treatment, comfortable surroundings, and ample sustenance. Because they

have not mentality great enough to enter intelligent protest is no reason why they should be denied their right to kindly treatment. On the other hand their disability should entitle them to even greater consideration than those who are able to protect themselves.

A GENERAL SURVEY OF CONDITIONS IN COUNTY ASYLUMS, ALMSHOUSES, Etc.

INSTITUTIONS VISITED

Shelburne County Asylums
Digby County Asylums
Yarmouth County Asylums
Colchester County Asylums
Queen's County Asylums
Cumberland County Asylums
Halifax County Asylums
Pictou County Asylums
Lunenberg County Asylums
Inverness County Asylums
Cape Breton Hospital for the Chronic Insane
Richmond County Asylum
Cornwallis Poor Farm
Horton Township Poor House
East Hants Municipal Home
West Hants Industrial Home
Antigonish County Home for Poor
Annapolis County Home
Argyle Municipal Home
Home for the Poor, Truro
Clare Municipal Poor Farm
Annapolis County Hospital
Halifax City Home

Number of Inmates

On the dates visited the population, exclusive of staff, was made up of 1,361 persons distributed among 24 institutions. Nine of these contained less than 30 inmates, five contained less than 50 and only two contained over 100.

Classification and Segregation

With very few exceptions the county asylums and alms houses make no attempt to differentiate between the sane and insane, or to classify the latter according to type. The insane, the feeble-minded, imbeciles, neglected children, sane paupers, and persons suffering from chronic physical disorders are herded together in an indiscriminate manner.

In one sitting room 2 aged women were found with two markedly demented cases of the catatonic type of dementia praccox. A boy 15 years of age, who was a high grade moron, was born in an institution and

for the first ten years of his life was kept in a room with adults. He never received advantages in connection with his training.

In some cases the men and women are not separated—a bad arrangement.

One home with a population of 85 fairly evenly divided as to the sexes, contained at least six epileptics as well as insane persons, mental defectives and paupers. They lived and slept in the same rooms, ate together, etc.

Another institution with only 40 inmates, houses 20 insane, 6 aged and dependent men and 10 children. Two of the latter were imbeciles, 2 were crippled, and 4 had hereditary nervous disorders.

Three other small homes caring for 23, 33, and 17 persons numbered among these 10, 8, and 15 children respectively.

In one of the places where care was taken to segregate the insane in separate dormitories from the others, the children, however, had sleeping quarters in the same rooms as adults.

Buildings

The buildings are with few exceptions of wood or frame construction, antiquated, primitive in their equipment and in many cases in a disgraceful state of repair. In many institutions the sanitary arrangements are hopelessly inadequate and the lighting is done by oil lamps and lanterns.

One old wooden farm house lacked even a telephone. The nearest being 4 miles away and the place is thus handicapped in case of fire and also from the standpoint of receiving medical attention when urgently needed.

In another building the heating system is obsolete and in winter the place is so cold that the patients have to be huddled into a few rooms.

The dreariness of some of these houses is indescribable, the wretchedness of the atmosphere heart breaking. Dining rooms unattractive and not always clean. Floors sometimes rotted and full of holes. Walls dirty, unornamented, and with the plaster broken. In one county asylum some of the rooms are so small that partitions divide the windows and the rooms are little better than boxes. Sitting rooms exist which are small, dark, and cheerless. The patients sit on benches next the walls (the benches being devoid even of backs) and are quite unoccupied.

Sleeping accommodation is often in keeping with other conditions in these institutions. At one poor farm the bedrooms are shocking. One typical room was measured and had about 300 cubic feet of air space, and was occupied by two patients.

In another place the beds were poorly made, most untidy and vermin in evidence, a most inexcusable state of affairs. In some dormitories two patients slept in one bed.

Medical Service, Sanitation and Hygiene

Adequate medical supervision of county asylums and alms houses throughout the Province is lacking. With very few exceptions institutions are visited by a doctor at periods ranging from once a week to once a month. There is also a pressing need for trained nurses.

The flies in nearly every institution visited were a veritable plague. The prevalence of unscreened windows is partially responsible for this, but unsatisfactory sanitary arrangements aggravate the nuisance. Lavatory odors were noticeable in one place and in another a bath was noted which drained directly into the ground beneath, and the floor boards were soggy.

One institution was without water supply for a whole month during the summer. In another the well that furnishes the water supply is not lined with concrete, and thus gives ready entrance to the surface wash.

Attention has already been called to the inadequate sanitary arrangements existing in places. In one the method of bathing the patients consists of placing a tub in the centre of the separate sitting rooms for the men and women, and bathing each inmate in turn while the others sit around.

Fire Hazards

In 7 institutions the dangers from fire are so great that special mention has to be made of this. The fact that one old building was without a telephone has already been noted. In another, lit by oil lamps there are no chemical extinguishers.

One county asylum houses its patients in three frame buildings, the original structure dating back 37 years. The whole group is antiquated and in a bad state of repair. The buildings are virtually fire traps with poor fire escapes and no adequate water supply. Each dormitory is locked at night and there is no master key for the various rooms. The fire escapes which are of wooden construction are fast rotting away. Windows lead to them instead of doors.

In another county asylum eleven patients were found sleeping on the third story of a building which houses fifty demented persons. Windows screened and locked, doors locked, no fire escapes, no one to give an alarm, nothing but certain death facing them if a conflagration started during the night. Any person who has had experience with the chronic insane realizes their fondness for fire and while strict precautions may be taken how often they prove futile.

Even in the case of a brick building which was built in 1883, at a cost of $80,000 to replace a former building that burned with loss of life, the lessons of the disaster do not seem to have been heeded. The top floor of the present building which is used as a maternity ward is not provided with fire escapes.

Airing Courts

Most of the airing courts are devoid of trees. In some cases even seats are lacking. It is a distressing sight to see the patients walking up and down in the glaring sun without protection. Several poor creatures were noticed huddled on uncomfortable benches and literally covered with hundreds of flies. One patient of the catatonic type was left standing in the sun until he was fearfully blistered, no employee apparently noticing the condition of affairs.

In some cases the fire escape verandahs were used largely by the patients as airing courts.

Restraint

Restraint and seclusion is all too common in certain institutions, due, not to intentional inhumanity, but to lack of knowledge on the part of superintendents and staffs untrained in the scientific management and treatment of the insane.

In one asylum no formal account is kept of either restraint or seclusion although it was said that the sanction of the physicians was generally obtained.

Three patients in restraint—one a boy of thirteen were noticed in one airing court,—the court being unprotected by trees from the glaring sun.

Another boy of thirteen was found secluded in the so-called strong room.

In the dungeon-like strong room in the basement of an institution we found a maniacal man, and in the women's department an excited woman similarly secluded.

The wife of one Superintendent admitted that three of her patients had been at least half the year or more in strait jackets.

Another patient who had been in an institution for a year and a half is locked up three weeks out of four. The reason given for her confinement being unruly or restless conduct. The forms of restraint used are mostly the strait jackets, the semi-sole, and handcuffs.

Many of the so-called strong rooms are unfit for human habitation. Their use for seclusion can not be too strongly condemned.

Occupation of Patients

The modern scientific method of providing occupations suited to the various needs and capabilities of the insane for therapeutic economics and humanitarian reasons are apparently entirely unknown in the county asylums and alms houses.

Aside from the employment of a few patients of both sexes in the cleaning of the dormitories, making beds, helping in the kitchen, and the seasonal employment of a small percentage of the total number of patients at farm work—berry picking, etc.—the patients live lives of idleness.

No attempt is made to occupy those who do not shown ready willingness and initiative for work.

General Remarks on Administration

Here it may be stated that as a general rule those in charge of these so-called asylums appeared to be honest and painstaking people, who assumed an impossible task without adequate assistance or an equipment better than that of the worst kind of a poor-house. Cheap maintenance and no thought of the welfare and comfort of the unfortunates placed in confinement are the dominant notes everywhere.

The fault is not with the officials, who on the whole are apparently making the best of the situation in which they find themselves. It gives us pleasure to note that some of the places visited were kept scrupulously clean, despite the inadequacy of buildings and equipment, the lack of medical supervision, trained help, and facilities for employing the patients' time.

One institution does manage to provide occupation for 50% of its male inmates,—another for 20%. We were pleased to note that one county asylum recognized the need of shade trees in the airing court, and the energy of a wise and humane Superintendent had obtained for those under his care a recreation hall that is utilized for concernts, moving pictures, dances, etc. We recognize that there are individuals making an honest effort to rise to the necessary height. The failure to do so is simply the outcome of an unworkable and unwise system.

The largest of the institutions noted in this section attempts to treat under one roof 267 patients of widely varying types. Practically all the cases are in need of expert medical attention and trained nurses' supervision. It is inconceivable that one physician without special psychiatric training could do justice to the situation by calling only once a day. The mental cases, and there are 105 of them, certainly require highly specialized care.

The best of the county institutions visited are little more than prisons conducted on humane lines.

The whole county system stands condemned in the light of modern knowledge of psychiatric problems which are peculiarly medical ones.

THE NOVA SCOTIA HOSPITAL FOR THE INSANE, MOUNT HOPE.

A COMPARISON BETWEEN MODERN METHODS AND THE COUNTY ASYLUM SYSTEM

Building

The Nova Scotia (Mount Hope) Hospital for the Insane was built in 1858. It is a three storey building, situated on a hill overlooking Halifax Harbor. The site was selected by the eminent social reformer, Miss Dorothy Dix, who did so much to force the establishment of more humane methods of treating the insane in America. She showed excellent judgment in the selection of the present site, as it is admirable. The institution as at present constituted is an object lesson not to be neglected by those who are interested in the care of the mentally diseased, as it furnishes remarkable contrasts between the old idea and the new. The new building embodies many of the modern requirements, and is a credit to those who planned it, as it is a hospital in the true sense. Many changes made in the old building render it possible, but by no means ideal, and it is a question if much more money should be spent in endeavouring to remodel it to suit the demands of modern psychiatry.

Accommodation

The accommodation is for 500 and on the day of our visit 252 males and 208 females were in residence. Acute cases are cared for in the modern building; disturbed and quiet chronics are housed in the original asylum.

Staff

The medical staff consists of,—

Medical Superintendent
Asst. Medical Superintendent
Two assistant physicians (women)

Staff

Superintendent of Nurses
Dietitian
Vocational Instructor
The nursing staff is made up of: 34 nurses (female). 18 male attendants

Old Building

Parts of it are badly out of repair, the corridors are dark, but not used to any great extent as many sitting rooms open from these corridors. The sitting rooms are comfortably furnished and rather attractive. The dormitories contain one, two, three and four beds. Many of the

beds are not suitable for hospital purposes, are out of date, uncomfortable, and not fitted with proper springs, and these should, in our opinion, be discarded. Ostermoor and straw mattresses are commonly used. There is electric light in every room, operated from the main corridor. The number of bath tubs is below the actual requirements, and in some parts of the building one for thirty patients is provided. The clothes closets are in some parts without ventilation, and the lavatories are, in many instances, without proper outlet for foul air. The wards in general were clean and well kept. Ninety per cent of the male patients frequent the airing court, which is devoid of the offensive features so often met with in places of this kind. The women fortunately have no airing court, consequently are taken into the beautiful grounds surrounding the institution. Small balconies give opportunity for ward patients to get fresh air.

Restraint

No restraint is used, but there are many strong rooms where patients are secluded. In our opinion, there was more seclusion than should be found in such an institution. This is owing to the fact that not enough outlet in the way of occupation is provided.

Fire Protection

Fire protection is ample on all floors except the top storey which is now being used as nurses' quarters. This is undoubtedly a fire trap, and the objectionable features should be remedied as soon as possible.

Occupation

Of 200 male patients, 50 were working outside, and 20 in the vocational room. The women are not supplied with varied occupations. This side of the work might be further developed than has been the case. A series of rewards exist for those who do outside work—better food, and luxuries such as tobacco are given to these men.

Recreation

There is a large recreation hall containing a pipe organ and piano; local talent provides concerts from time to time during the autumn and winter. Once a week during these seasons a moving picture show is provided. An annual sport day is one of the events, and the women who can be trusted are given suitable rewards under supervision—afternoon teas, etc. A weekly paper is published during the winter months and edited by the superintendent.

No provision for hydro-therapy remains in the old building. There is a well equipped operating room. Clinical records are well kept, and medical conferences take place regularly. Every ten days a record is made of the patients' progress and these cases are discussed very thoroughly.

Dining Rooms

Small dining rooms exist in each ward for the patients who are not able to go to the congregate dining room which is situated on the ground floor—seats about 125. It is bright and attractive.

Many of the wards were undergoing transformation and were being decorated at the time of our visit.

Training School for Nurses

The training school for nurses was established in 1894, two years' course with a probational period of three months. Systematic lectures are delivered. Suitable classroom and demonstration room exist.

Nursing

During the war the greater proportion of the male patients were cared for by female nurses, and the influences left by them is still marked in the wards for men. Since the war it has been a difficult matter to provide female nurses in the number required. Male attendants receive special remuneration if they take a course of training and pass examinations.

Vocational Instruction

Vocational instruction under the S.C.R.—an instructor and three vocational workers are carrying on a most important work. Twenty patients are receiving instruction. There is an excellent equipment, and the work accomplished under Miss Black is of the most praiseworthy character. The authorities insist that if they were given a free hand and more assistance they could do much to reduce the cost of maintenance,—e.g., they feel that they could easily make all the blankets and towels used in the institution, etc.

New Building for Acute Cases

The building for acute cases was built in 1912, and until a year ago was occupied by the army and navy. It has accommodation for sixty patients, and at present provides accommodation for thirty men and nineteen women.

Dormitories containing six beds are large, airy, well lighted, with a balcony on each ward. Sitting rooms are comfortably furnished and most attractive.

Hydro-therapy is provided for and the apparatus exists, but cannot be used at present owing to defects in the water mixer, which is not reliable. If a storage tank were provided the difficulties existing would be obviated. The small wards for disturbed cases are most satisfactory.

The operating room is up to date and well equipped. On the second floor there is an infirmary for sick nurses, and a sitting room for them. The third floor is utilized as nurses' uqarters. Every nurse receives three months' training in the department for acute cases, and is greatly benefited. In this department every patient undergoes a routine Wasserman.

The Nova Scotia Hospital on the whole is a very great credit to both the Province and Dr. Lawlor with his energetic staff and assistants. It is doing a good work in glaring contrast to the failure of the County Asylums, and proves beyond all doubt that the only safe method of dealing with the majority of the insane is that of government care under the direction of properly qualified psychiatrists. The difficulties of administering such an institution as Mount Hope are very great, and that the results accomplished with facilities at hand are as satisfactory as they appear to be is a matter of congratulation.

Under the heading of "Recommendations" will be found suggestions regarding this institution and its future.

MENTALLY DEFICIENT AND INSANE PRISONERS IN GAOLS.

Annapolis County Gaol
Cape Breton County Gaol
Colchester County Gaol
Digby County Gaol
Windsor County Gaol
Amherst Gaol
Lunenburg Gaol
Yarmouth Township Gaol
Shelburne County Gaol
Baddock Gaol
Halifax City Prison

The Gaols

The gaols of Nova Scotia, as a rule, belong to a past age and have nothing in common with the requirements of the present day. As "lock ups" even many of them are open to criticism, as so little regard is paid to sanitary conditions. Without being accused of "sickly sentiment" it is not going too far to say that there is something wrong in a system which does not permit prisoners awaiting trial on charges

which are not in the criminal list, to be incarcerated in dismal cells for nine months without access to the fresh air—simply because there is no gaol yard.

Eleven gaols were visited. In three there were no prisoners and in the remaining eight we found mentally deficient or insane persons in all but one.

In one gaol three out of the ten prisoners are mental defectives.

Of the three confined in another institution we found one mentally deficient, another alcoholic and of low grade intelligence and the third probably defective. The latter case is deserving of the most careful psychiatric examination. The individual has demonstrated marked criminal tendencies during the last few years, but his behaviour suggests mental abnormality. His family history is bad.

Three men awaiting trial on charge of rape were examined. One was definitely mentally deficient, another of unstable weak character (psychopathic), and the third apparently normal.

The prison population in another place consists of 3 men, and one woman. One man, age 21, is feebleminded, and another, age 84, is a case of senile dementia with delusions and periods of restlessness.

The case was locked in his cell and had been in gaol since last February. A grave injustice has here been done, and the case demonstrates the necessity of the routine psychiatric examination of prisoners, and the transference of the insane to a suitable institution.

Two men were seen in custody, one for debt and the other theft of $26. Both individuals could be classed as definitely mentally deficient.

A sufficient number of the inmates of all gaols were studied to warrant the statement that mental abnormality was an evident factor in both male and female prisoners. We saw mental defectives and insane prisoners about whom no enquiry had been made regarding the mental condition, and altogether the impression received was that custodial care without reference to anything else, was the one idea present in the minds of the gaolers.

Mental examination of prisoners does not form part of the routine.

Boys, including defectives, made up of 50% of one gaol population. It seems a pity that they should be harboured in a place that could do nothing but confirm them in their criminal tendencies. The absence of a Juvenile Court in the district was apparently the reason why reformation rather than punishment had not been atempted.

INDUSTRIAL SCHOOLS AND JUVENILE COURT DETENTION HOME

The Maritime Home for Girls
Halifax Boys' Industrial School
St. Patrick's Home for Boys
Juvenile Court Detention Home
Monastery of The Good Shepherd
The I.O.D.E. Home

THE MARITIME HOME FOR GIRLS TRURO, N.S.

Staff

The staff consists of the Superintendent, two house matrons, two sewing matrons, laundry matron, school teacher, and caretaker.

Maintenance

This institution, which was built in 1919 by the Presbyterian and Methodist Churches, is supported by the governments of the Maritime Provinces and municipalities, and $225 per annum for each girl is received. The Presbyterian and Methodist Churches make up the deficit, although other Churches contribute—the Anglicans 8% and the Baptists 15%. The Home serves the Maritime Provinces—New Brunswick, Nova Scotia, and Prince Edward Island.

Inmates

The girls in the Home are of the delinquent class, and are received from the three Maritime Provinces. All are legally committed by the Children's Aid Society, the Courts, or the Superintendent of Neglected Children. The length of commitment varies according to the province from which the case comes—Nova Scotia, 3 years; New Brunswick, 5 years; Prince Edward Island indeterminate sentence. The ages of the girls vary from 7 to 16 years. Fifty-seven girls are in residence.

Building

There is a main building (of brick construction), with accommodation for 49 girls, a second residence, and a third new cottage in course of construction. The present buildings, together with 250 acres of land, are valued at $65,000, and the new cottage will cost $40,000. 70 acres of land are at present under cultivation.

Occupation

All the girls attend school in a school-room in the main building, and have services of a qualified public school teacher. A second room is being added. In the last two years 4 girls have passed the Entrance examinations. In addition to academic work, the girls enter into all branches of domestic work, gardening, sewing, shoe repairing, etc. Last year 1,760 boxes of strawberries, 360 bushels of beets, 320 quarts of peas, and other crops were raised.

Discipline

Student government is in vogue, and there is a system of special marking with badges for good conduct.

Parole

Thirty-five girls are on parole at present, and all but one are apparently doing well. The Superintendent, Miss Strothard, finds homes for her wards, and visits the girls as often as possible.

Psychiatric Examination

A mental examination was made of 22 of the girls referred by the Superintendent. Of this number 19 were mentally deficient, 1 dull normal, and 2 psychopathic. Since these were picked cases it is not possible to state the percentage of mental deficiency that obtains for the 57 girls in residence. From the facts obtained, however, it seems probable that approximately 50% are definitely mentally abnormal.

General Notes

It would be impossible to commend too highly the excellent work accomplished in the Maritime Home for Girls by Miss Strothard and her assistants. The Superintendent has a keen insight into human nature, and has the art of bringing the best out of her wards. We found the girls happy and industrious, and appreciative of all that was being done for them. It is an admirably conducted institution, a proper follow up system exists, and most intelligent endeavours are made to reform children who are capable of being reformed. There can be no doubt that girls leave this institution very much better than when they entered, and it is a model for similar organizations of its kind in Canada.

HALIFAX BOYS' INDUSTRIAL SCHOOL

Staff

Superintendent, Mr. W. J. Johnston. Assistant Superintendent, Mr. A. H. Brand. Other assistants, matron, night watchman. Number of inmates 96.

Types

The boys in the Industrial School are committed by the Juvenile Court because of delinquency, by parents and by the Superintendents of Neglected Children. They range in age from 8 to 16 years and come from the entire Province.

Buildings, Etc.

The building is of frame construction, and was erected in 1864. In addition to the main building there is a nearby three storey workshop, barn, etc. While the institution is in the city limits, 26 acres of land are available for garden purposes.

Sentences

Boys committed to the school are placed on an indeterminate sentence.

Punishment

The routine employed for misdemeanors consist of corporal punishment, with a strap for first offences, and for repeated misconduct, commitment to a cell on bread and water rations. The cells are 7 by 12 feet, with boarded walls and barred windows. Incorrigibles are sent to the penitentiary at Dorchester.

Instruction, Occupation, Etc.

All the boys go to a school in rooms in the main building, and are instructed by city teachers. In addition to school instruction a certain amount of industrial work is engaged in. For two hours or so a day the boys chop kindling wood, clean carpets, work in the garden, etc. A well equipped manual training room is utilized to furnish instruction in carpentry for most of the boys one afternoon a week. Two boys are engaged in shoe-repairing. There is cadet drill and a band.

The dormitories are large, containing from 14 to 17 beds. One hospital ward with 4 beds is available when needed.

At the time of visit clouds of flies were present in the kitchen—no screens on windows.

Mental Examinations

18 boys were selected at random for mental examination, and they were classified as follows:—

Imbecile	1
Moron, low grade	9
Dull normal	3
Apparently normal	1

It will be seen that mental defect runs high among the boys of this school. Some little time ago Dr. Eliza Brison examined 10 inmates, and found all but one mentally deficient.

General Notes

Since this institution cares largely for defective delinquents, it would be wise to have every child admitted receive a psychiatric examination, and to have facilities for the specialized training of the boys according to type. The staff would need enlargement for the purpose, and there should be included individuals trained in dealing with mentally abnormal children.

ST. PATRICK'S HOME FOR BOYS

Function

The St. Patrick's Home for boys cares for juvenile delinquents sent through the Juvenile Court. Occasionally a boy is admitted voluntarily.

Accommodation

The accommodation is 80, but at the time of our visit noticed that 100 boys were in residence.

Training

The boys attend school five hours a day, and in addition to public school academic requirements receive manual training, art instruction, physical instruction, etc.

A farm of forty acres exists, 25 of which are under cultivation. This farm furnishes an outlet for the instruction of the pupils. A drill instruction is given three times a week and a fife and drum corps is especially popular with those who are musically inclined.

The school rooms were visited, and it was only too evident that mental defect is common. No less than twenty-one boys were over age for their grades, and the teachers stated that grades from one to four contained many mentally handicapped.

Building

The institution is old, badly in need of repair, and quite unfit for the purpose for which it is designed. It should be replaced by a modern structure as it is doing a good work, and those in charge have an intelligent conception of the requirements.

The work in art and manual training is particularly commended. Brothers Stanislaus and Romigius were exceedingly anxious to place all information at our disposal and co-operated in every way possible.

JUVENILE COURT DETENTION HOME

Matron: Mrs. M. C. McDowell.
Capacity: 20.

Function

The Detention Home is utilized as temporary quarters for children referred by the Juvenile Court and the Superintendent of Neglected Children. The average stay is two weeks, and children are received from the age of 2 to 10 years. While in the Home children of school age are sent to the public school.

Four children were in the Home at the time of our visit, and one demonstrated signs of mental abnormality, although continued observation would be necessary to arrive at a diagnosis.

MONASTERY OF THE GOOD SHEPHERD

Function

This excellent institution receives cases from the Juvenile Court, the Department of Neglected Children, etc. The voluntary system of admission is in vogue, and many unmarried mothers are received.

Building

The school building, a new structure which was erected three years ago, was visited, and was found to be scrupulously clean, well kept and unusually well organized. Seventy neatly dressed children were found in the classroom, all under the best of discipline and apparently happy and content.

Accommodation

There is accommodation for 200, the institution being divided into two sections, one for children of school age from 5 to 16, of whom there were 72 in residence, and the other section for girls over 16, of whom

85 were in residence. Every girl must remain in the institution for one year, and there is no limit set for the period of detention, an arrangement that works out satisfactorily, but yet should be properly safeguarded for the sake of the institution itself, as so frequently unjust complaints are lodged against this system where it is in vogue.

Academic Work

The academic work comprises the first six grades of school work, and in addition industrial classes are developed. These are worthy of special mention. Every child is given an opportunity to learn sewing, knitting, crocheting work, dressmaking, shoe making, and domestic science, and if the child fails along academic lines she is specially taught in the industrial class.

The school equipment for industrial work is unusually good. The children who are found to be mentally handicapped are carefully supervised, and if they show special aptitude for gardening, boot making, tending hens, chickens, etc., they are given ample opportunity to follow their bent.

Training

When a normal girl finishes grade six her capabilities are tested, and if she inclines to a commercial, domestic or industrial career she is given opportunity to make good. The girls over 16, most of whom belong to the unfortunate class, work in the laundry which is splendidly equipped and most carefully organized to do public work. They also assist in the work of the institution.

Regarding Unmarried Mothers

As has been noticed in so many places where unmarried mothers are kept under observation, no less than 40 out of the 47 examined were found to be defective. This statement is often denied by theorists, but actual practice makes it very evident that a larger percentage of unmarried mothers are mental defectives. A certain proportion of the younger children were also defective. We examined six picked out by the teacher, and their handicapped condition was unmistakable.

Remarks

The work carried on by the Sisters in this institution cannot be too highly commended. It was admirable, and in keeping with the modern demands. All those in charge appeared to be intelligent and wide awake to the interests, accepting the responsibility with unusual intelligence and foresight.

THE I.O.D.E. HOME

Superintendent: Dr. Eliza Brison.

Function

This Home was established after the Halifax explosion, on July 24th, 1918, by the I.O.D.E., for feeble-minded girls who lost their homes in the catastrophe.

Building

The building was originally a private home, and serves its present purpose without remodelling. A large room downstairs serves as a play-room and school. A piano and gramophone are used extensively, and a loom and other apparatus for handwork was in evidence.

Accommodation

It has accommodation for 10 children and is usually filled. The children vary in age from 9 to 19, and for the most part suffer from the graver forms of mental defect, although none belong to the idiot class.

Staff

Dr. Brison is assisted in her work by Miss Greta Smith, who has been trained for a period of five years at the Waverley School for the Feeble-minded. A housekeeper and housemaid are also in attendance.

Training

On a small scale Dr. Brison has made a convincing demonstration of what may be done in the training of defective children, and in making them happy and useful. The girls are given instruction in formal academic work up to the limit of their capacity, and in addition are taught the household arts and useful handwork. It is interesting to learn that a number of the children failed to make good in the Special Classes of the Halifax schools, but did much better in the Home under the influence of greater individual care and closer supervision.

The I.O.D.E. is to be congratulated upon the splendid demonstration that has been made, and it is hoped that the Home will be the beginning of a much larger institution that will be erected by the Province in a location where there is plenty of ground in the proximity of Halifax.

MENTAL DEFICIENCY IN PUBLIC SCHOOLS

It is now generally conceded that the Public School offers the best channel in the community for mental hygiene activities that have as their aim the prevention and early treatment of cases of mental abnormality. With a well-trained personnel and adequate equipment, the majority of those mentally handicapped in school attendance could be so directed that mental disease (insanity) might be prevented and mental defectives rendered not only harmless to the community, but in many cases made productive citizens.

Psychiatric and Psychological Supervision in Schools

If these facts were well recognized and if the school authorities availed themselves of the services of skilled psychiatrists, psychologists and teachers trained in dealing with the abnormal, the problem of the mentally handicapped would lose half its sting, and institutional care in later life would be rendered unnecessary for many. A progressive programme would mean much not only from the humanitarian and social standpoint, but would be advantageous economically.

Findings in Nova Scotia

In Nova Scotia the Canadian National Committee for Mental Hygiene made a study of a sufficiently large number of school children to determine the nature and the proportions of the problem of mental abnormality involved. A summary of the findings reveals the following:

In 3 representative Nova Scotia schools with a total population of 2,088, there were 35 defectives—a percentage of 1.60. If this percentage holds true for the entire school population of Nova Scotia, there would be approximately 1,400 defectives of school age.

In the three schools noted 105 children were referred to us for examination because of lack of success in their studies or because of conduct disorder, or character defect. The findings were as follows:

Mental defectives	35
Borderline cases requiring industrial class instruction	7
Dull normal, requiring special class training	45
Apparently normal	14
Backward through physical condition	1
Superior intelligence	1
Psychopathic	1
Insane	1

Requirements

The following requirements are needed in the Province to cope with the situation.

1. Psychiatrists.—Psychiatrists are needed for the purpose of diagnosing cases of mental abnormality in the schools and prescribing the best methods of treatment and instruction. These individuals would be called upon to deal not only with the cases of mental defect but would be of particular value in formulating a policy for psychopathic children who present unhealthy mental trends. This latter work would assist greatly in preventing many cases of actual mental and nervous collapse.

2. Psychologists.—These individuals would work in co-operation with the psychiatrists and would be of particular value in making psychometric examination to classify children according to intellectual endowment.

3. Special Class Organization.—There is urgent need for the establishment of industrial classes in every community where there are 12 or more mental defectives. The Special Class system might well give attention to the dull normal group who fail to succeed in the ordinary class.

Special Class System in Halifax

At present there are 4 industrial classes in Halifax for mental defectives, three of these classes were visited. The rooms are bright and large. The equipment for occupational and manual training is good except in one school which was only partially equipped owing to difficulty in obtaining the necessary looms, carpentry benches, etc.

Training is given in weaving basketry, crocheting, carpentry, etc., and besides such formal academic work as is suitable to the age and capabilities of the pupils a certain proportion of the time is devoted to games, kindergarten work, physical drill, etc. The pupils are referred by principal and teachers because of backwardness.

We examined all the children in one class and found all to be mentally defective. One child age 15 was diagnosed as an imbecile and could be better cared for in an institution.

One out of the pupils examined in another class was a boy of 10 years who measured up well according to the Biney-Simon scales. He was receiving care because of chronic bad behaviour. His inclusion in the special class was not satisfactory.

Twelve out of 18 pupils in attendance at the third class at the time of our visit were given a psychiatric examination. 11 were diagnosed as mental defectives and one child as deaf and probably defective.

Those in charge of these classes are to be commended. A good beginning has been made, but there is urgent need for the elaboration of a system—an increase in the number of classes, together with improved facilities in those that exist. Halifax might well establish an observation class where suspected cases of abnormality could be studied over a period of days or weeks. In addition, the establishment of a Trade School for those graduating from the Industrial classes would bridge the gap between the primary school and industry. There is also need of the employment of a Mental Hygiene social worker to supervise defective children in their homes and in industry.

MENTAL DEFECT AND ILLEGITIMACY

Salvation Army Maternity Home and Hospital
Presbyterian Rescue Home
Halifax Infants' Home

SALVATION ARMY MATERNITY HOME AND HOSPITAL

Staff

Superintendent: Miss Robina B. McAuley. Assistants, seven, including two graduate nurses and three nurses in training.

Accommodation

17 unmarried mothers and 11 private patients, and 20 children. Since October, 1918, 28 unmarried mothers were admitted.

Building

The building is a three storey frame structure, and while old is maintained in a fair state of repair. In several months' time the Salvation Army will open a new hospital which will cost over $150,000.

Source of Cases

The Home receives expectant mothers, and aside from private patients, most belong to the unmarried class. The cases are referred by parents, friends, organizations, and many come voluntarily. For the most part they have been engaged in housework, although there are a few clerks and stenographers. They range in age from 15 to 31.

Care of Babies

It is a rule of the institution not to separate the mother from her child until the latter is six months' old. As a rule the mother leaves the Home with her baby, although the institution under certain circumstances will keep the child until it reaches the age of 3 years.

Parole

There is no definite parole system, although the institution attempts, without adequate machinery, to keep in touch with girls after they leave the Home.

Maintenance

The Provincial Government donates $1,000 per annum, and the city $400. When able, each girl pays $40 upon admission, $30 going to the hospital and $10 to the doctor.

Mental Status

The Superintendent believed that at least half of the unmarried mothers cared for were of a dull type mentally and stated that less than 50% make good after they leave the hospital.

Thirteen patients were seen, and while a detailed study of each case was not made, it was felt that sufficient observation was made to warrant the following classification:—

Feeble-minded	11
Dull normal	1
Primitive	1

Two of the children seen were undoubtedly mentally deficient.

The findings in the Home are in line with observations made in other institutions throughout Canada caring for unmarried mothers. Mental defect is such a prominent feature that it must be taken into account if the community would act wisely in connection with the placement of children of unmarried mothers, and in dealing with the mothers themselves.

PRESBYTERIAN RESCUE HOME

Function

This Home has been under the jurisdiction of the Presbyterian Church for eight years.

Staff

Miss Muriel McDougall is in charge, assisted by one trained nurse.

Accommodation

14 beds. Seven girls were in residence—all unmarried mothers. Two who were examined proved to be low grade morons, and Miss McDougall states that a large proportion of the girls admitted are mentally defective. There are two hostel beds which is an admirable arrangement.

Notes

This is a splendid institution, well managed. Its one defect is the need of a proper follow up system. This would mean the employment of a social service nurse.

HALIFAX INFANTS' HOME

Superintendent: Miss Bella Barrington.
Director of Social Service: Mrs. Lawrence.

Function

The institution serves as a private maternity hospital, together with accommodation for unmarried mothers and their babies. An interesting feature of the work of the Home is that in connection with social service, Mrs. Lawrence takes upon herself the obligation of discovering suitable boarding homes, foster homes, and supervises same. Before a child is placed out for adoption it is left in the proposed home for one year. In this way both the children and foster parents are placed on trial before adoption papers are finally drawn up. It is stated by the social worker that the boarding out system is satisfactory.

Patients

At the time of visit there were 37 children in the Home and in boarding homes, and 14 mothers.

Maintenance

The Home is maintained by a City grant of $500, and through the revenue collected by paying patients and private philanthropy.

Building

The building was erected in 1873 and is of substantial brick construction.

Venereal Disease

A routine examination for venereal disease is conducted on all patients.

Mental Examination

Several adults and a number of the children of the institution were seen, with the result that 7 were discovered to be mentally deficient, and 2 of the dull normal class. Since a considerable proportion of the children of unmarried mothers are mentally deficient, it would be prudent to subject all to a careful psychiatric examination. The system of placing out children on probation before adoption is of course a splendid safeguard.

It is interesting to note that of the 177 children cared for since January, only 4 deaths were recorded—a splendid record for an institution of this kind.

It was distressing, however, to note the number of flies in the building and on the verandah. Many of the babies were literally covered with them.

SUMMARY OF RECOMMENDATIONS

The Insane

The abolition of the County system of care and the establishment of two Provincial hospital centres provided with farm colony facilities.

The establishment of a commission to control affairs of Provincial hospitals.

Establishment of two small Psychopathic hospitals, the immediate need being one 60 bed hospital in Halifax under the control of the Nova Scotia Hospital for the Insane, and contiguous to the General Hospital with a view to making provision for medical and nursing education.

Nova Scotia Hospital for the Insane

Increase in nursing staff—addition of a social worker, a pathologist, a dentist (part time)—improvement in hydro-therapy apparatus—fuller development of occupational therapy.

The Gaols

Routine psychiatric examination of prisoners.

Establishment of Juvenile Courts and no juvenile offenders to be confined with adult prisoners.

The establishment of industrial farm for minors and gaol farms.

The Mental Defectives

Routine psychiatric and psychological examination of retarded school children.

Establishment of industrial classes in every community where there are 12 or more mental defectives.

Improved provision for training in industrial homes and schools.

Advisability of converting the asylum near Stellarton into a Provincial institution for the care of mental defectives needing institutional care.

RECOMMENDATIONS FOR THE INSANE

Commission to Control Affairs of Provincial Hospitals

Possibly the most urgent requirement in the way of changing conditions is that of recasting the whole system of caring for the insane. No argument can be brought forward that will justify the perpetuation of the County Asylums, and it is not going too far to say that the responsibility for the treatment of the mentally diseased should rest on the shoulders of the Provincial Government, who in turn should work through a commission made up of men of the highest type. This commission should include a legal adviser, a business man, and a psychiatrist of long experience and good judgment, the latter a well paid official, as he would require to devote his whole time to the work. The others should be men of large humanitarian interests, who would no doubt be glad to serve without reward.

Establishment of Hospital Centres

Theoretically the first work to be done is the establishment of two hospital centres, one not too far distant from Halifax, and the other at Sydney, as these are apparently the proper geographical points for the erection of such institutions. They would serve the whole province without causing too much inconvenience in the way of travelling.

Establishment of Psychopathic Hospitals

Eventually it would be well to establish two small psychopathic hospitals, one of sixty and the other of forty beds. These should be erected near the general hospitals in Halifax and Sydney. The buildings need not be expensive, but should be well equipped with hydrotherapeutic and other apparatus so necessary in the treatment of the acute insane The idea of those psychopathic hospitals is to give prevention

and treatment of mental disease the attention deserved, as it is a well known fact that the majority of cases of insanity may be prevented by early care and efficient nursing. Many people hesitate long before going to a hospital for the insane and yet if facilities for early treatment on psychopathic hospitals were afforded the patients would flock there without hesitation and make early recoveries.

System of Admission

The psychopathic hospital established under such conditions in Winnipeg has already proved a marked saving to the province, and a great comfort to those who have been admitted to it. The system of admission is similar to that employed in admitting patients to a general hospital, and it not only proves a boon as it saves so many who would otherwise be consigned to hospitals for the insane, but also makes a clearing house where chronics might be examined and sent on to other institutions if necessary. The statistics in such psychopathic hospitals are striking and convincing, and it is a well recognized fact that no well constituted community can afford to do without such a hospital. Not only that, it is here that the medical student may receive a proper education in psychiatry, something that has not been possible in the past. In addition, by a system of exchange with the nursing staff of the general hospital a much higher type of nurse than that at present graduated may be developed.

From the dollars and cents standpoint the arguments in favour of a psychopathic hospital are not to be refuted when it is remembered that every patient who becomes a chronic in the ordinary hospital for the insane in the end costs the community on an average of $7,000. At all events, psychopathic hospitals have not only justified themselves, but are a necessity. We prefer the small hospital rather than a psychopathic ward attached to a general hospital. Experience has shown that the isolated building is by far the better arrangement. While it should be contiguous to a large hospital so that it may take advantage of laboratory and nursing facilities, etc., yet under special management both the medical and nursing staffs are independent. This is advisable as without psychiatric training officials are so apt to depart from the recognition of the fact that the insane dealt with require different treatment than that ordinarily given patients in a general hospital. It has been found too, that it is necessary to have the nursing directed by a superintendent who has been specially trained along psychiatric lines. Where the attempt has been made to place the matter of nursing in the hands of those who have not had special training the results have been unfortunate and unsatisfactory.

By establishing the two hospitals mentioned in Halifax and Sydney, the whole problem would be simplified and the community benefited. It is so important to have the community understand that insanity is a preventable disease in a large number of cases, and that early treatment is the important thing in cure. The County system simply fosters the belief that insanity is a species of crime, or at the very best a fault that cannot be condoned.

One of the important functions of a psychopathic hospital is to make easy the teaching of psychiatry which has, during the war, suddenly attracted the attention of medical investigators. The facts brought to the surface by the strain of war activities made the general profession realize that mental disease and mental defect were far more common than ordinarily supposed, and the wonderful results achieved by early scientific treatment brought into prominence what psychiatrists had long realized. A brief study of medical curricula will show that the lesson has not been lost and far more time is now devoted to the teaching of psychiatry than was formerly the case. The practical difficulties in the way of imparting knowledge regarding psychiatry are many, and while it is true that the method of taking students to the wards of hospitals for the insane for clinics has some advantages, yet it is far from ideal. The psychopathic hospital with its acute and developing cases is far better fitted for the purpose, and if the students of Dalhousie had opportunity to acquire a knowledge of mental diseases in well organized small clinics the benefits would soon be evident throughout the Province.

To show the value of a psychopathic hospital the following extract from an article in the Canadian Journal of Mental Hygiene is interesting.

"The Manitoba Psychopathic Hospital forms the centre of the provincial system and was built and is maintained by the Government of the Province. It stands in close relationship to the Winnipeg General Hospital and the University of Manitoba, to the advantage, doubtless, of all concerned. The building itself is a long way from being a perfect structure and illustrates in a very tangible way the result of poor understanding by architects of the work and function of such an institution.

Patients may enter the hospital in one of three ways, namely, (1) voluntary admission—the only requirement being a willingness on the part of the patient to conform to necessary rules and regulations. (2) General admission for observation and treatment at the request of physicians, relatives, etc., and without legal formality. (3) The ordinary commitment—an order of the magistrate. The third method is one very seldom employed now, the great majority of the patients being either voluntary or general admission cases.

To date there have been two hundred and fifty admissions since the hospital opened during the last days of October, 1919.

During their stay in hospital, which has averaged twenty-nine days, the patients are gone over as carefully as possible, both physically and mentally when all laboratory examinations relative to the case are made, and when it is felt that a fair idea of the generalities has been attained, the patient is started on whatever treatment we feel may help. The usual general hygienic measures and hydrotherapy are routine. We look upon occupational work as of very great value not only because of its diversional powers, but also because it does so much to quietly restore that orderliness of mind that so many cases lack and need. One can gain most tangible evidence of improvement by watching the changing attitude toward and character of work done by the patient in the occupational department. The bead chain that at first shows by its disorderly arrangement the presence of attention defect and complete dissociation of thought and motor responses comes by its growing orderly arrangement to indicate a returning power of concentration, and a gradual disappearance of the self-absorption that resulted in the previous hodge podge.

Records are done in duplicate, typed and carefully indexed according to name of patient, diagnosis and each outstanding symptom. In our classification we follow as closely as possible the Statistical Manual of the American Medico Psychological Association and the National Committee.

Our classification of the first one hundred and fifty cases was as follows:

Dementia Praecox	35
Psychosis with Somatic disease	17
Not insane	16
Manic Depressive Psychosis	12
Constitutional Psychopathic Inferiority	12
Neuro Syphilis including G. P	10
Feeble-mindedness	9
Involution Melancholia	9
Senile Psychoses	7
Paranoid Conditions	6
Alcoholic Psychoses	5
Not diagnosed	4
Epilepsy	3
Drug Addiction	2
Chorea	2
Parosmia	1

Thirty-seven per cent of the cases were committed to Provincial Hospitals. Five per cent died, but in all except one case these were instances of somatic disease. The remainder of the patients went home and, according to our follow-up reports, are able to get along. A few cases discharged on trial had to be taken back and committed, but these are included in the above mentioned thirty-seven per cent.

The classification by commitments shows that:—

80% of the Manic Depressive Psychosis were committed
71% of the Senile cases
69% of the Dementia Praecos
66% of the Involution Melancholia
60% of the General Paresis
44% of the Feeble-minded
33% of the Paranoid Conditions
6% of the Psychosis with Somatic Disease

Something over three hundred and eighty examinations have been made at the request of the Juvenile Court, Children's Aid, etc. Only such cases are referred from the Juvenile Court as seem to indicate by appearance, nature of crime or recidivism, the possibility of mental defect being one of the genetic factors.

A report to the judge is based upon a physical examination, investigation of family and personal history, school progress and social and moral reactions in addition to the psychological examination."

Care of Patients During Convalescence

The question of treatment of early cases which could not be cared for during the period of convalescence has already been undertaken to a certain extent in the Nova Scotia hospital, but if, in addition, convalescent homes were erected in the vicinity of Halifax and Sydney further benefit would follow. Small buildings only would be required as the number of patients would never be large, and all that is required there is a means of rest and freedom from excitement. It is sometimes a mistake to send convalescent patients to their own homes where old associations and environment prove upsetting and detrimental rather than beneficial. The question of caring for the insane patients at present in the County Asylums can easily be dealt with by the establishment of two properly constituted colonies in the centres already indicated. These of course, are what are known as farm colonies, with every facility for occupation, and the proper development of chronic cases to the limit of their ability.

Establishment of 60-Bed Hospital in Halifax for Present Requirements

While in the foregoing passages we have advocated the building of two psychopathic hospitals, still in view of the difficulties in the way it might be well to limit the endeavour to the building of one sixty-bed hospital in Halifax at the present, under the control and direction of members of the staff of the Nova Scotia Hospital for the Insane. This would make easy the other developments that have been suggested. It would be an aid to medical and nursing education, and leaving the humanitarian side out of the question would be such a saving in the way of prevention that it would prove a good investment from the dollars and cents standpoint.

As has been suggested before, this particular building should be placed on a site in Halifax contiguous to the general hospital. With the establishment of this hospital it would not be difficult to elaborate a scheme that would eventually permit the removal of the Nova Scotia Hospital for the Insane, admirable as it is to a centre in the country. The reason this is advocated is that the present hospital site cannot be considered a suitable one for the best sort of a farming colony, and it seems as if it might be wise to consider the sale of the valuable acres at Dartmouth and apply the funds accruing from the sale to the development of a more satisfactory plan outlined before.

The present Cape Breton institution might be made the nucleus of a provincial hospital with farming colonies, etc., to accommodate the patients from Richmond, Inverness, and those who are now confined in the basement of the Cape Breton Asylum. The number would be about 150 in all.

For the farming colony near Halifax the patients from Antigonish, Halifax County Home, Halifax City Home, King and Queen's County Institutions, all of which should be done away with as soon as possible, would furnish a population of 300, and this, we think is as much as the province could probably undertake at the present time. It would be a good beginning. We mentioned these institutions as we felt that their existence should not be permitted any longer than is possible, and some of the Counties have already considered the advisability of rebuilding and are prepared to undertake it.

The plan roughly outlined means a complete but gradual upheaval of the present system, but surely the conditions found in Nova Scotia demand such a change. It may be thought that we have been too severe in our criticisms and have passed over many of the good points, which must undoubtedly exist. The question has been asked if it is not possible to so modify the County system and effect improvements that will place these institutions beyond criticism. The reply is that without enormous expenditures of money for maintenance such a thing is impossible. That some of the Counties at least are ambitious and not afraid to spend money is evidenced by the outlay at the new building at Stellarton and the Cape Breton County Asylum and yet to a great extent it is money wasted. It is wasted because the organization is not able to meet the requirements. In order to do so the maintenance would be infinitely greater than that required with a properly developed colony system under government management. It is a simple matter to demonstrate this.

Regarding Stellarton Asylum

To make Stellarton Asylum a model institution, for example, would require a complete hospital medical and nursing staff, in fact the over-

head changes in organization would at once make the scheme unworkable, if economy is the goal being aimed at, and after all economy is of the utmost importance when dealing with a numerous class which must be nursed and cared for. Stellarton would look like a piece of unjustifiable extravagance if it were simply used to perpetuate the mistakes of the present County system, and its cost per bed could not be defended if it did not meet the ordinary requirements of a modern hospital for the insane. To those familiar with institutions, good or bad, the inevitable failure of the present scheme is plain.

This in no way reflects on the desire of those who caused the erection of the Stellarton institution, because the anxiety to obliterate the mistakes of the past is evident. What we wish to point out is that the remedy proposed, expensive as it has proved to be, will not accomplish what it sets out to do. The management of the insane is universally conceded, on this continent at least, to be a problem that is best left to the State to deal with, and after all the question of maintenance is simply one of adjustment between municipalities and the provincial government. The insane must be properly cared for, and experience has shown beyond peradventure that municipalities with their constantly changing Board of Councillors will never devise ways and means to do this work satisfactorily. They lack knowledge and experience, and in addition the cost of maintenance will always be a bludgeon in the hands of the voters who thoughtlessly look upon the unfortunates who are a burden because of their helplessness as a nuisance. If they are to be maintained by the municipality let it be as cheaply as possible is the argument that brings about just such conditions as those we have described.

The number of insane in the County Asylums, basing the estimate on the figures contained in the report on Humane Institutions issued in 1920, is 694, consequently the erection of two colonies as suggested would not be such a formidable undertaking as might appear at first sight. The ability to organize an up-to-date institution has already been demonstrated in the new building at Mount Hope, and with such advisers as those available in the Public Service, Nova Scotia might not only wipe out the mistakes of the past, but find itself in a position to lead the other Provinces in the future.

We have not given minute details regaring these colonies, but if thought advisable shall be pleased to go further into this question with your officials. The point we are anxious to establish is the absolute necessity of developing a policy likely to eradicate the County system at the earliest moment.

Recommendations Regarding Nova Scotia Hospital for the Insane

At the Nova Scotia Hospital for the Insane several improvements may be adopted with benefit and a saving in maintenance.

The nursing staff is too small, with the result that too many disturbed patients are kept in seclusion—a thing to be avoided. This feature is unfortunate from the medical and humanitarian standpoints.

Social Service

The addition of even one social service worker would render possible the placing on parole of many patients who, at present, because of lack of trained outside supervision, must be kept in the hospital. Experience has clearly demonstrated that from the economic standpoint social service pays for itself many times over by reducing institutional charges.

Pathologist

The services of a pathologist have long been regarded as an essential in mental hospitals.

Dentist

The part time services of a dentist are necessary especially as it is now a recognized fact that ill-health is so frequently the result of the presence of diseased teeth. Poor physical health and mental disease are so closely associated that as a matter of routine each patient should have his teeth regularly inspected and treated when necessary.

Occupational Therapy

Occupational therapy has been developed to a certain extent, but the possibilities of benefitting the patients and lessening the rate of maintenance to a marked extent are so great that it is to be hoped the government will increase the occupational facilities at the Nova Scotia Hospital.

Hydro-Therapy

The hydro-therapeutic apparatus at the Nova Scotia Hospital is not used to advantage at present on account of the danger resulting from the installation of an imperfect mixing valve. A very small expenditure would rectify this defect. It is most important that every facility for the proper application of hydro-therapeutics, one of the most successful of all methods of treatment of early cases, should exist.

THE GAOLS

Many of the gaols in Nova Scotia are a source of needless expenditure and might be abolished with advantage and economy. Some of them in the larger towns would no doubt be retained as lock-ups, but as practically all are obsolete there is little excuse for their being kept.

Industrial farms accomplish all that is necessary in the care and reformation of the minor offenders, and the modern gaol farm provides the most rational method of treating cases not sentenced to a penitentiary.

In order to give Nova Scotia the advantage of a description of the successful Prison Farm at Burwash, Ontario, the Canadian National Committee sent one of its observers to that institution so that notes might be obtained at first hand. His report is as follows:—

"The Ontario Reformatory at Burwash is the result of an experiment forced on the Province of Ontario by the war. The institution was started in 1914 as a small auxiliary to the then almost completed Prison Farm at Guelph for a few men who required and were fit to stand outdoor life. With the taking over of the Guelph Buildings by the Federal Government as a military hospital in 1917, the Provincial authorities were forced to enlarge the Burwash plans to meet the gaol population of the province.

The plant consists of 35,000 acres situated in the unbroken bush 20 miles south of Sudbury. It consists of 4 townships, an area of 52 square miles, 9 x 11 miles roughly. There are two railway lines crossing the property, the C.P.R. (Main Toronto line) and the C.N.R.

The plan embraces five camps, one large main administration camp, situated about the middle of the lot and admitting and discharging camp, and three small auxiliary outlying camps.

The railways are about 7 miles apart. No. 1 camp—the admitting and discharging centre—lies about a mile from the C.P.R. Five miles to the south-west lies the main camp No. 2—one mile from the C.N.R. line.

No. 1 accommodates 150 men at a pinch, in one large dormitory. The buildings are of frame construction with beaver board lining. The men are bunked in three tiers, one row deep down each side, feet to the centre. The top row is only used in case of overcrowding. The bunks are built on welded steel frames with wire woven springs, and fitted with blankets and pillows. There is plenty of light. On one side is a dining room, bath rooms with showers, basins, etc., and a recreation room. The other side is given over to the guards and their quarters.

The place is well ventilated, light and airy,—clean and well heated.

The main camp consists of three houses of this same type all built into one, on a cement foundation and basement in part, and can accommodate 350 at pinch.

The dormitories house (1) the trusties, (2) men trusties, (3) venereal cases. There is one large dining room where all are fed in relays from a main kitchen, although each dormitory has attached its own bath and recreation rooms. Shortly, all meals will be served in the cafeteria style both for prisoners and guards. The main kitchen is not yet completed, but will be of brick and tile.

In this section there are offices, guards' quarters, the doctor's office, and venereal clinic room. The latter is under the Provincial Board of Health. Below is a large recreation room to seat 350 to 400 men, where concerts and plays can be held.

There are also at this camp, guards' home for unmarried men, an administration building, staff quarters, a store house, laundry, refrigerating plant and root cellar. There is a splendid central heating system with four large boilers, that are heated altogether by stumps removed from the farm lands. Electricity is made as a by-product and lights the whole camp. There are several residences here also. Below this is the sewage plant, worked on the oxidizing plan. They have a large saw-mill that has turned out approximately 1,000,000 feet of lumber this year.

Camp IV is situated to the north-west, and is of the same type as No. 1, but only accommodates 50 men.

Camps III and V are cattle ranging camps and lumbering (winter quarters) and take about 40 men between them.

The camp is situated on Crown Reserve land and is covered with woods. The clearing of the land, stumping it, and then cultivating it, comprise one of the chief occupations of the prisoners. In three years over 1,200 acres have been cleared and large crops have been raised. The potato crop alone this year yielded 6,500 bushels. Roads have been built through unbroken forests, and large pastures have been cleared. At present 250 head of cattle and 280 sheep are kept, but this will be increased as more crops are raised to feed them during the winter months. In winter the majority of the men are engaged in lumbering operations. It is believed that in another two or three years the place will be absolutely self-supporting. The outlay of the plant complete has not exceeded $350,000.00.

The work owes its success chiefly to the energy and enthusiasm of the superintendent, Mr. C. H. Neelands, and his assistant, Mr. Oliver, and other members of the staff who have developed and worked the place.

This type of institution occupies a very important place in the link of caring for the criminal population of the province. Prisoners are received from all over the province, for sentences from 3 months up to 2 years less 1 day. By the nature of its position and the type of work, only hose cases who have physical strength to stand the work are accepted. It is best suited to short term men on whom the benefits of teaching a

trade would be lost to the province. It occupies a splendid opening for the disposal of the hardy young delinquent of short sentence, but it is essential that this outfit be linked up with a central clearing house and an industrial institution for longer term men and those unsuitable through age or poor physique to stand the strain of the north woods.

The meals are looked after by a trained dietitian. The medical service is organized along the same lines as those utilized in the army. In due course, it is proposed to add a psychiatrist to the medical staff so that a proper classification of the prisoners from the mental side may be made.

Perhaps the most striking thing in the prison camp was the expression on the faces of the prisoners. There was an almost total absence of the "prison look." The men all appeared to be in good spirits, healthy, robust, and satisfied. After conversing with many of the prisoners I felt satisfied that the men were contented. Some were met with who found fault, but these are certain to be present no matter how luxurious surroundings are.

The prisoners were clothed in ordinary working clothes, khaki shirts, overalls, stout boots, and straw hats. Every effortt was made as far as possible to preserve the self-respect of the men in this way. The branding of prisoners by distinctive costumes was absent. On enquiring from the superintendent of the Farm if this did not lead to escapes, he replied that for the large number of prisoners there were few escapes, and the majority of these were returned. As there are few roads leading out from the community few elopers are successful.

To show the value of the life and the system, while walking through the woods one afternoon I met a young chap. At first I was not at all certain as to whether he was a guard or a prisoner. He turned out to be a prisoner serving a sentence for automobile theft. He said he never felt better in his life, and had gained forty pounds in four months. He said it gave him an opportunity to find himself, that going to bed at 8.30 .pm. was not such a bad idea, and that the life was better than that he had found in many of the military camps overseas.

In the summer work stops at 3 p.m. and the men who are trusted, allowed the freedom of a certain marked area, which includes the lake. They enjoy the fishing and swimming, which are very good. There is a large athletic field with baseball diamond and football field, with "bleachers" built. In fine weather this allows the men a good deal of pleasure in recreation time, and on one occasion this past year when a game was arranged with the victorious team of a neighbouring baseball league, the prison team came out of the fray one run to the good. An attempt is made further to give the men the type of work they can best accomplish, where possible. Men who are fond of horses are detailed to

look after the horses, when it can be arranged. Of course, this cannot be done in every case, but it is the aim.

It is at least significant of the success of the venture to state that 70% of the prisoners are trusted. There is a remission of one day per week allowed for good behaviour, the prison authorities having the power of removing this in individual cases when necessary. The whole system is built up with the intention of preserving a man's dignity as far as possible, making him feel that he is a man and not an animal, and to turn him back in the world in the best possible, physical, mental, and moral condition.

Those cases who are discharged by the Provincial Parole Board for good behaviour are required to report weekly to the police in their own city till the end of their sentence.

This institution is a credit to Canada and the Province of Ontario, and is a great stride forward from the old "lock-up" system still in existence in many places."

As part of a goal scheme for Nova Scotia a similar farm might with advantage be developed if satisfactory territory can be found. It would no doubt become self-supporting in a few years.

Industrial Farms similar to that near Toronto might be developed for short term cases, near Halifax and Sydney, from which centres they would receive most of their prisoners.

THE MENTAL DEFECTIVES

The Menace of Mental Abnormality in the Community

As is well understood by those who have followed the developments which have taken place in the care of mental defectives the present attitude is one of doubt in regard to the methods of care and treatment so often followed in the past. Nova Scotia is in the position of being able to develop a policy of advance, as the field is a comparatively new one there, and the limited efforts at custodial care have scarcely touched the fringe of the great problem. Those who realize how close is the connection between mental defect, vice and criminality understand that no more important social question is to be found, and recent investigations in particular have made plain that the high grade defective is the most dangerous individual in the community. A large proportion of the mentally handicapped are potential criminals, and the earlier they are t ected and intelligently dealt with the better.

Special Classes

A study of children in public schools makes plain that of certain classes no less than about 2% will prove so far below the average mentally that they cannot acquire the academic training provided for them by the school systems ordinarily in vogue. The result is that many individuals who might become self-supporting citizens fail through neglect, and at last have to be institutionalized when a careful training would have obviated the necessity of such a course. At all events modern school systems which attempt to deal intelligently with the mentally handicapped furnish the State with facts which make the handling of the question a much more simple matter than it was in the past.

When school systems and juvenile courts furnish complete statistics in regard to the actual facts the Province will understand exactly where it stands in relation to the problem. An investigation of some of the schools, industrial homes, and other institutions made it plain to members of the Committee that nothing adequate has been accomplished, although some of the efforts being made are commendable. The organization of special classes in schools wherever possible is desirable, especially if these classes are taken care of by those who have had proper training. Too often these classes fail because the teachers have not been given opportunity to acquire thorough equipment for their work.

Industrial Schools of Nova Scotia

The Industrial Schools of Nova Scotia on the whole are not satisfactory and the idea of separating normal delinquents from those who are abnormal has not received the measure of attention it deserves. Without dwelling on the proper treatment of delinquents who are normal mentally but whose fall has been the result of bad environment and unfortunate associations it may be said that there is no justification for having them confined with abnormals.

In regard to the latter it is plain that the Province has a grave responsibility. The obvious low grade defectives are already provided for to a certain extent by the County Asylums where they are herded together with the insane and senile under the most deplorable conditions. Many of these are capable of some development, others are too low in the scale of mentality to even care for their persons. At all events, it is obvious some such policy as that outlined for British Columbia, and adopted by them, should be followed. The recommendations which led up to the establishment of the Boys' Village at Essondale were as follows:–

PLANS ADOPTED IN BRITISH COLUMBIA

"Facilities for training.

(1) Training School for Mental Defectives.

There is urgent need for the establishment of a Training School for Mental Defectives in British Columbia. The present survey has demonstrated that there are a large number of feeble-minded in the province requiring prolonged treatment in such an institution. Many of these cases are to be found in the schools, in the jails, reformatories, in such philanthropic organizations as maternity homes, Children's Aid Societies, and in the general community. Wherever they are found they constitute a serious menace, and therefore the urgency of providing a separate institution.

It is proposed that a training school on the farm colony plan be organized on the Essondale property owned by the Government. There are many reasons to put forward for the site recommended. In the first place, it is an ideal location for such an institution—splendid surrounding country, and of easy access. In addition, the utilization of this property would result in saving a considerable financial outlay. This saving would be realized not only in connection with initial expenditure, but also in connection with maintenance charges. The latter would be materially reduced through centralized management—the medical control being in charge of the Superintendent at Essondale—and the product of the labours of the feeble-minded utilized to a degree for the upkeep of the nearby Mental Hospital. The institution would enter largely into agricultural pursuits, carpentering, the making and mending of clothes, etc., and there would be a surplus of production over and above the training school's needs.

The Committee believes that there would be no serious public objection to the erection of the institution on the Essondale property because of the proximity of the Mental Hospital, when it is known how extensive the Government property really is. The training school could occupy large grounds at such a distance from the Mental Hospital that the two organizations could be kept entirely distinct.

The type of training school suggested should be constructed along the lines of the institution at Waverley, Massachusetts. At Waverley provision is made for the segregation of defectives according to sex, intellectual development, and behaviour. An attempt is made to train all cases to the limit of their capacity. The higher grades are educated in public school subjects, and boys are given industrial training in agriculture, carpentering, boot making, weaving, while the girls receive special instruction in household arts.

While a considerable number of the feeble-minded to be cared for in such a training school as is suggested will be permanent institutional cases, still it will be possible to discharge some who have passed early adolescence. In this connection a statement by Dr. Fernald is significant. He says: "It has been fairly well demonstrated that the average male moron, without natural vicious tendencies, who has been properly trained in habits of obedience and industry, and who is protected from temptation and evil associations during the formative years, can be safely returned to the community when he has passed early adolescence, if his family are able to look after him and give him proper supervision. The after-care of the female morons who have received training in the institution were not so favourable, but many of these, too, led moral and harmless lives after their return to the community. The study of discharged female cases at Waverley showed a surprisingly small number who became mothers or who married."

The plans adopted in British Columbia are satisfactory, and provide for the care of the various classes referred to in our report. The building of such an institution would prove to be good economy in the long run, as it would enable the authorities to detain indefinitely the handicapped children who might, if at liberty, prove a menace to society and themselves and who would as a result of their criminality cost the State untold thousands of dollars.

Advisability of Converting Asylum near Stellarton into an Institution for Defectives

One of the things that should be done as soon as possible is to establish a proper place for the care of mental defectives who are obviously institutional cases. If the Province decides to abandon the County Care of the insane, the beautiful new buildings at Stellarton should either be purchased or rented, and used as a central administrative and custodial building for the defectives now in the asylums and gaols. About it should develop the industrial schools and units for the care of the more hopeful types. The building near Stellarton is admirably constructed and is in every sense an excellent institution for the purpose. It is ready for immediate use and would form the nucleus of a model colony. This plan would at once relieve a situation that must strike any person who studies it carefully as one requiring attention at once. It would also be a beginning of the adjustment between municipalities and government that must be made sooner or later.

Abandonment of County Asylums to be Used for the Aged and Helpless

There is no doubt that the abandonment of some of the best of the County Asylum buildings will entail a certain amount of loss, and yet many of them might be available for various purposes such as Refuges for the Aged and Helpless, etc.

Further Requirements with Reference to the Mental Defectives

As has been pointed out in the section dealing with the schools, psychiatrists are needed for the purpose of diagnosing cases of mental abnormality in the schools and in prescribing the best methods of treatment and instruction. Psychologists should be employed to work in co-operation with the psychiatrists and would be of particular value in making psychiatric examinations to classify children according to intellectual endowment.

There is urgent need for the establishment of industrial classes in every community where there are 12 or more mental defectives. Halifax might well establish an observation class where suspected cases of abnormality could be studied over a period of days or weeks. In addition the establishment of a trade school for those graduating from the industrial classes would bridge the gap between the primary school and industry. There is also need of the employment of a Mental Hygiene Social Worker to supervise defective children in their homes and in industry.

The Canadian National Committee for Mental Hygiene wishes to express its thanks and appreciation for the assistance given by those in authority. The inspiring things already accomplished in Nova Scotia are a tribute to the leaders of thought in the Province and it is hoped the recommendations will be of help in formulating future plans.

MENTAL HYGIENE SURVEY OF MONTREAL PROTESTANT SCHOOLS

BY A. G. MORPHY, M.D., AND WILLIAM D. TAIT, PH.D.

I—INTRODUCTION

THIS survey was first proposed in 1913, but, as in the case of many other things, was postponed on account of the war. However, in the autumn of 1919, by the courteous permission of the Protestant Board of School Commissioners, the work was initiated and carried through until June of 1920. The investigation was made under the auspices of the Canadian National Committee for Mental Hygiene. It is hoped that this survey will prove of considerable benefit in helping to solve some of the educational and social problems of Montreal, and, as a consequence, be of some national value. After all, most of our social problems are child problems and must be dealt with by educational institutions.

We desire to record our sincere appreciation of the facilities so kindly extended by the Protestant Board of School Commissioners, as also the hearty co-operation afforded by both the principals and teachers. Miss Cole and Miss Chillas deserve hearty congratulations for the excellent social investigations. We also express our deep gratitude to Dr. G. S. Mundie for much timely advice and sagacious counsel.

II—THE PROBLEM

In a word, the problem set before us was to make a mental survey of the Protestant Schools of Montreal, with the following aims:—

1. To estimate the percentage of subnormal children in the schools —that is the percentage of retarded, borderline, feeble-minded, imbeciles and idiots.

2. To gain some idea of the number of supernormal children.

3. In addition to these two primary aims, several other important aspects were kept in sight, e.g.—relations of physical to mental defect, the prevalence of physical defect, relation of conduct to physical and mental defect and to mental superiority, etc.

5. To ascertain whether the facts warrant the establishment of special schools for special children.

4. To ascertain to what extent heredity and home conditions might be responsible for school difficulties.

III—THE POINT OF VIEW

It is perhaps well to explain in a very general way some of the terms used in connection with the estimation of intelligence. A mentally subnormal individual is one who, by some congenital or other defect, is incapable of acting upon his environment in a satisfactory manner. As someone has said, he is socially inadequate, and for that reason is unable to make his way in the world. It may be stated that although general intelligence, as usually discussed, is very important in the estimation of character and ability to get on, yet it is by no means the last word in the problem of adjustment. Other factors such as temperament, skill, and moral stability, play a most important role. As yet there are no objective methods of estimating these components of character, and much investigation is necessary along these lines. Following current usage, mental capacity or general intelligence may be expressed by the following terms, in a descending order:—

1. Genius
2. Very superior intelligence
3. Superior intelligence
4. Normal intelligence (average)
5. Backward or retarded
6. Borderline
7. Feeble-minded
8. Imbecile
9. Idiot

It must not be thought that there is any sharp demarcation between one class and another; in fact one merges into the other. Some individuals, grading between normal and superior for example, might be classified as either, but for practical purposes are put in one class or the other. Certain of those in group "5," the retarded, are to be considered as improvable to a considerable extent, because by proper methods of instruction or by removing physical or environmental defects, they can be brought up to the normal or average standard. The lower grades of intelligence, however, judging from the evidence now at hand, and it is not a little, must be considered as permanent in their defect. Although capable of some improvement, particularly in the way of acquiring certain dexterities, yet they can never be expected to attain normal intelligence and all that word implies, socially and educationally.

The outstanding feature is behaviour. Teachers select children for examination from this standpoint. The relation of school behaviour to general intelligence is only a portion of the larger question of the relation of delinquency to general intelligence, a question upon which a great deal of study and thought are being devoted at present.

Indissolubly associated with degree of intelligence are emotional status and the effects of environment. It is a mistake to think of a child in terms of intelligence quotient only. The child is a human being,

endowed with a certain body and brain structure; in these are tendencies transmitted direct from ancestors of countless ages, of which the child is unaware, and which are modified by environment—a human being, not merely a school unit or a cog in a huge machine similar to thousands of other cogs. He is an individual, has his own peculiarities of temperament, his own special reaction to environment, his own special failures to the routine of class-room and study.

If behaviour is the reaction of the individual to environment and the reaction is faulty, then, since we know what the school environment is, it follows that in order to understand the situation we must study the home surroundings and the individual himself.

Because comparatively few adults understand child psychology—and here we beg to emphasize the exceptions of many good mothers endowed with insight—and because our system of academic teaching is such as it is, i.e.,—collecting children together in groups according to certain presumed but not necessarily actual average grades of intellectual ability, and trusting to luck that each individual member of each group will evince no striking abnormalities of behaviour, therefore a certain amount of clogging of the machinery of the system is inevitable.

While it is comparatively simple to estimate roughly the intelligence of the average well behaved child by observing its daily class record and by school examinations, no means have been adopted, in this Province at least, of finding out what is the matter with the child whose conduct or class tests, or both, are inferior. Misconduct is probably put down to original sin breaking out in the form of aversion to discipline and subject to penalty; whereas, Ikey X., the restless, obstinate or weak-willed, inattentive, dull, lazy, little rascal, is probably of inferior intelligence to begin with, and in addition has enlarged tonsils and adenoids which interfere with free respiration and cause deafness, and may also have an itchy skin eruption on his body or head, or he may be poorly nourished through being insufficiently fed, or he may be allowed to live—there is such a case on record—on a diet of fried potatoes and coffee three times a day, a diet both improper, insufficient and overstimulating. Is it any wonder that he is restless? And even supposing that he is free from bodily infirmities and that he is properly and sufficiently fed, inferior intelligence may be enough to make him restless. Not comprehending the abstract things which his unlucky teacher is trying to pound into his head, he loses interest, and as human child energy is irrepressible, his innate force expresses itself in the form of unregulated action—that is misplaced action, which in the school-room is misconduct. "*Decensus facilis Averno.*" He retrogresses. He notices that he cannot keep up with the others, so it is of no use trying. If of sensitive type he begins to feel himself inferior and compensates by being bad. His ego must assert

itself some way or other, and being bad and notorious is easy and satisfying. Next he plays truant and gets in with a bad gang of boys. The Juvenile Court is probably the next station on this trunk line leading to chronic delinquency.

This is no fancy sketch emanating from the writer's imagination. Very many case records are available showing just such a sequence.

And it must be borne in mind that our existing scheme of education allows no escape for this boy. His parents force him to go to school, and while in school he must submit to being engaged in matters that are not only beyond his comprehension but are of no interest and positively distasteful. No outlet but the intellectual is provided for his caged energies. His emotional nature, his interests, his capacity for doing or making with his hands, his creative possibilities in the material way, are an unploughed field.

Adolf Meyer says "The highest aim of education will always lie in the proper encouragement and training of certain emotional assets, the interests, leanings and curiosities, ambitions, likes and dislikes, as well as of purely intellectual assets or knowledge."

Indeed this pertains to all children, but more especially to the abnormal. Many an average child finds the intellectual labour of studying abstract subjects distasteful. He would much rather play ball or go fishing, but his sense of duty and the *vrs a tergo* of parental authority and school requirements keep him down to his task. How much more then does the mentally inferior, with his poorer brain equipment, his increased difficulty and consequent distaste for brain work, need to have his emotions, tastes, and interests studied.

The object of education should be to fit each individual to the work which he can perform with the greatest efficiency and happiness. William White, in his "Mental Hygiene of Childhood," says "education should be an exquisitely individual matter."

The existing system of education is adapted to the average normal child "en masse," and no provision is made for the supernormal, subnormal, or abnormal child.

It is to be expressly understood that in these remarks there is no implied reproach against our school authorities. They are doing the best they can under existing circumstances, which may be summarized as insufficient to meet ideal requirements.

IV—METHODS

Four modes of procedure were employed.

1. The teachers were asked to report on a printed form, here reproduced, the names of those children who were troublesome, backward,

stupid, repeaters, etc., as well as those who showed special aptitudes in their studies. These pupils were examined mentally by the Stanford Revision of the Binet-Simon Intelligence Tests.

2. In one school, 440 children were examined by the Otis Group Intelligence Tests. By this means a more accurate estimation of the number of children in each grade of intelligence was obtained. A comparison was also made in several cases with the rating given by the Binet Tests.

3. All children thus tested were then examined for neurotic conditions, psychoses and physical defects.

4. All cases of mental defect were followed up by an expert social worker, in order that the environmental conditions might be correlated with the mental and physical examinations.

V—EXTENT OF SURVEY

In all, eight schools were surveyed and 355 pupils were individually examined by Binet-Simon Tests according to the program outlined in the last section. This group of schools does not represent any particular district in the city, but rather widely separated areas, thus affording a study of mentality amongst the various components of the population. Typical schools in the industrial, residential and foreign districts are included. A sort of bird's eye view is thus obtained. A total of 795 children were examined including those examined by means of the Group Tests.

VI—TABULATION OF RESULTS

SCHOOL No. 1

NATIONALITY OF PARENTS—90 per cent Jewish—Canadian-Russian and Canadian-Polish—with a sprinkling of Canadian-Austrians and Canadian-Roumanians.

GENERAL HOME CONDITIONS—Parents are of a money-making, money-saving type. Occupations: garment makers and labourers; in many cases the mothers are also working, in which case, the home is naturally not an ideal one.

Enrolment	1600	Pupils examined	84

INDIVIDUAL TESTS

FINDINGS		GROUPS	
Supernormal	1	Supernormal	1
Normal	14	Normal	14
Retarded	20	Retarded	20
Borderline	23	Mentally deficient	49 or 3.06%
Feebleminded	17		
Imbecile	7		
Idiot	2		

Repeats 203

(These are obtained merely from School No. 1 records—children may have repeated many times in other schools.)

Name	Age	Grade	Repeats	Conduct	Diagnosis	†M.A.	‡I.Q.	Physical Defects	Recommendations
A. A.	9–2	1–2	6	Weakwilled, dull	Idiot	4	40	Squint	Unsuitable for ordinary class.
A. M.	11–1	2–2	7	Weakwilled, dull	Imbecile	5–8	51	Decayed teeth and squint	Unsuitable for ordinary class.
A. G.	11	5–2	4	Dull, stubborn	Retarded	9–2	85	None	Unsuitable for ordinary class.
A. F.	13–8	7–1	5	Dull, stubborn, untruthful, pugnacious	Retarded	11	80	Decayed teeth	Unsuitable for ordinary class.
A. M.	12	4–2	6	Weakwilled, lazy	Feebleminded	8–65	68	Slight defective nasal breathing	Should have nose examined. Unsuitable for ordinary class.
A. D.	11	3–2	7	Dull	Feebleminded	7	60	Malnutrition	Unsuitable for ordinary class.
A. M.	12	6–1	1	Good	Retarded	10–3	83	Malnutrition; anaemia	Unsuitable for ordinary class. Needs medical care.
A. R.	13	6–2	5	Stubborn, lazy	Borderline	9–2	70	Eye defect	See eye specialist. Unsuitable for ordinary class.
A. J.	9–10	4–1	1	Dull	Retarded	8–2	87	None	Ordinary class.
A. E.	12	5–1	6	Dull, stubborn, cheats, quarrelsome	Feebleminded	8–8	65	None	Unsuitable for ordinary class.
A. R.	7	1–1	1	Dull	Borderline	5–6	78	Decayed teeth	Unsuitable for ordinary class.
B. I.	11–9	5–1	2	Dull, restless, incorrigible, lazy	Retarded	10–2	86	None	Unsuitable for ordinary class.
B. C.	9–8	3–1	2	Lazy, pugnacious, restless, incorrigible	Borderline	7–2	73	Tonsils	Needs medical attention. Unsuitable for ordinary class.
B. W.	9–2	2–1	4	Dull, stubborn, restless, sly	Borderline	7	76	Malnutrition, decayed teeth, defective nasal breathing.	Needs medical care. Unsuitable for ordinary class.

† Mental Age. ‡ Intelligence Quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
B. S.	13–1	5–2	0	Dull, restless, weak-willed, lazy	Imbecile	8	61	None	Unsuitable for ordinary class.
B. M.	13–2	5–2	3	Lazy, restless, incorrigible	Borderline	9-5	71	None	Unsuitable for ordinary class.
B. L.	12–1	4–2	1	Impulsive	Borderline	8–2	73	None	Unsuitable for ordinary class.
C. P.	8–9	3–1	2	Lazy, pugnacious, restless, incorrigible	Retarded, psychopathic tendencies	8–75	87	Defective nasal breathing	Unsuitable for ordinary class.
C. P.	8–7	1–2	1	Dull	Feebleminded	8–5	65	Malnutrition, tonsils, squint	Needs medical care. Unsuitable for ordinary class.
C. B.	6	1–1	0	Dull	Retarded	5	83	None	Ordinary class.
C. N.	13–7	5–1	7	Incorrigible, dull	Borderline	9–2	73	None	Ordinary Class.
C. H.	11–2	2–2	3	Good	Borderline	8–8	73	Malnutrition, anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.
C. S.	8	1–2	4	Dull, pugnacious, lazy	Borderline	6	74	Defective nasal breathing	Unsuitable for ordinary class.
E. M.	12–9	5–1	1	Impulsive, restless, incorrigible	Borderline	10–8	79	None	Unsuitable for ordinary class.
E. H.	7	1–2	1	Impulsive, restless, incorrigible	Retarded	6	85	Decayed teeth, defective hearing, tonsils and adenoids	Unsuitable for ordinary class.
F. L.	13–10	5–1	7	Lazy, restless, incorrigible	Borderline	8–9	77	None	Unsuitable for ordinary class.
F. N.	12–3	7	2	Weak-willed, incorrigible	Retarded	10–2	83	None	Unsuitable for ordinary class.
F. I.	10	4–1	3	Restless	Normal	9–5	95	Malnutrition	Ordinary class
F. W.	13–6	5–2	4	Weak-willed, lazy	Borderline	9–75	72	Adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
F. A.	11	5–2	..	Dull	Retarded	9–7	83	Eyesight defective	Eye specialist should be consulted. Unsuitable for ordinary class.
G. M.	9	3–1	3	Restless	Retarded	8–6	88	Malnutrition	Unsuitable for ordinary class.
G. S.	10	4–1	2	Good	Normal	10	100	None	Ordinary class.
G. D.	6	1–1	1	Dull	Retarded	4–10	80	None	Ordinary class.
G. B.	12–3	4–2	2	Restless, lazy, weak-willed	Feebleminded	8–8	68	Defective nasal breathing	Unsuitable for ordinary class.
G. S.	4–2	5	5	Lazy, dull	Feebleminded	8–3	69	Squint	Unsuitable for ordinary class.
G. S.	11–6	2–1	9	Weak-willed, lazy, restless	Feebleminded	7	61	Tonsils	Needs medical care. Unsuitable for ordinary class.
H. H.	8–6	1–1	3	Dull, stubborn, restless, sly, cannot dress himself	Idiot	2	30	None	Unsuitable for ordinary class
I. E.	13	5–2	7	Stubborn, untruthful, dishonest	Feebleminded	8–4	67	None	Unsuitable for ordinary class.
J. D.	12	5–2	3	Dull	Borderline	9–10	76	None	Unsuitable for ordinary class.
K. H.	14	..	..	.....	Normal	12–7	90	None	Ordinary class but needs special teaching.
K. R.	13	5–1	..	Lazy, untruthful, restless	Feebleminded	9–75	67	None	Unsuitable for ordinary class.
K. M.	13–9	7–1	1	Stubborn, pugnacious, lazy, incorrigible	Retarded, with psychopathic tendencies	11–4	82	Anaemia	Unsuitable for ordinary class.
K. H	12–1	4–2	5	.....	Feebleminded	7–10	64	Tonsils, adenoids, malnutrition, anaemia	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
L. P.	11–2	4–1	2	Dull	Retarded	9	80	Defective nasal breathing	Unsuitable for ordinary class.
L. H.	12	4–1	4	Stubborn, dull	Borderline	8–8	72	Tonsils	Unsuitable for ordinary class.
L. S	12	5-2	1	Impulsive, lazy, restless	Borderline	9–7	79	Rickets	Unsuitable for ordinary class.
L. S.	12	2–2	..	Dull	Idiot	3	23	None	Unsuitable for ordinary class.
L. M.	9–4	2–2	4	Sly	Retarded	7–10	83	Tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.
M. I.	11–3	5–1	1	Stubborn, untruthful, pugnacious, incorrigible	Borderline	10–4	79	None	Unsuitable for ordinary class.
M. B.	12–5	5–2	4	Dull	Retarded	11	88	Malnutrition, anaemia	Unsuitable for ordinary class.
M. C.	7–8	..	1	Dull	Feebleminded	4–85	64	Defective nasal breathing	Unsuitable for ordinary class.
M. B.	12–5	4–2	2	Weak-willed, deceitful, neat, tries hard	Feebleminded	8–2	65	None	Unsuitable for ordinary class.
M. I.	9–3	4–1	1	Impulsive, lazy, restless, nuisance to class	Normal	9–85	107	None	Class suitable to mental age. Needs special attention.
M. G.	11–5	4–2	4	Dull, seclusive, lazy, incorrigible	Borderline	8–6	74	Malnutrition, anaemia, eye defective	Needs medical care, overworked; attends Hebrew school. Unsuitable for ordinary class.
N. J.	12–5	5–2	7	Lazy, dull	Feebleminded	8–6	68	None	Unsuitable for ordinary class.
N. G.	8–3	1–2	82	Dull	Retarded	6–85	83	None	Unsuitable for ordinary class.
O. T.	11–6	2–2	8	Dull	Borderline	8–2	71	Tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
P. S.	14–10	5–2	3	Dull, weak-willed	Imbecile	9–1	61	Malnutrition, decayed teeth	Unsuitable for ordinary class.
P. R.	6	1–1	1	Learns slowly	Normal	..	94	Tonsils and adenoids	Needs medical care. Ordinary class.
P. M.	11	5–2	1	.....	Normal	10–3	94	None	Ordinary class.
S. I.	8–2	2–1	1	Dull	Normal	8–25	101	None	Ordinary Class.
S. D.	8–9	3–1	1	Lazy, restless, incorrigible	Normal	8	91	None	Ordinary class; overworked —goes to Hebrew school.
S. S.	10–8	4–1	1	Restless	Retarded	9–15	90	Eyesight possibly defective	Eye specialist consulted. Ordinary class.
S. M.	11	5–1	7	Dull, weak-willed, lazy	Normal	10–2	92	Decayed teeth	Unsuitable for ordinary class.
S. D.	8–9	1–2	1	Weak-willed, dull	Feebleminded	6	69	Malnutrition, anaemia, decayed teeth.	Unsuitable for ordinary class. Needs medical care.
S. I.	7	1–1	1	Slow	Borderline	5–10	72	Malnutrition	Unsuitable for ordinary class. Needs medical care.
S. R.	12	3–2	1	Dull, weak-willed, seclusive	Borderline	8–4	70	Anaemia, very marked. Malnutrition	-Needs medical care. Unsuitable for ordinary class.
S. P.	5–9	1–1	..	Bright, normal	Supernormal	7	112	None	Class suited to mental age.
S. H.	12–9	5–1	1	Dull, restless, pugnacious	Normal	11–7	92	Anaemia, eye defect	Ordinary class; overworked —attends Hebrew school. Needs medical care.
S. M.	10	5–1	1	.....	Normal, psychopathic tendencies	9–2	91	Nervous; emotional	Overworked—attends Hebrew school. Ordinary class.
S. C.	13	5–1	..	Dull	Imbecile	8–2	62	None	Unsuitable for ordinary class.
S. R.	11–5	2–2	2	Dull	Feebleminded	7–8	66	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
T. L.	9–2	3–1	..	Lazy, restless, incorrigible	Retarded	8	87	Malnutrition, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
T. T.	10–8	2–1	1	Stubborn	Imbecile	6–8	60	Malnutrition, anaemia.	Unsuitable for ordinary class.
U. I.	8–9	2–1	3	Restless, stubborn	Retarded	7–8	87	None	Ordinary class.
W. H.	8–9	3–1	1	Weak-willed, lazy, incorrigible	Normal	8–10	100	None	Ordinary Class.
W. R.	10–11	4–2	3	Lazy, untruthful, immoral	Normal (intellectually), morally deficient	x–10	90	None	Ordinary class, with special supervision.
W. S.	10–11	4–2	1	Impulsive, lazy, pugnacious, untruthful	Borderline	8–8	79	None	Unsuitable for ordinary class.
W. V.	9–2	1–2	2	Fair	Borderline	6–85	75	Tonsils and adenoids decayed teeth	Needs medical care. Unsuitable for ordinary class.
W. M.	10–9	2–2	2	Deceitful, dull	Imbecile	6–2	57	None	Unsuitable for ordinary class.
W. P.	8–1	1–2	1	Untruthful, dishonest	Borderline.....	5–8	70	Tonsils and adenoids —hearing defective	Unsuitable for ordinary class.
W. D.	11–3	4–1	..	Dull, nervous	Borderline	8–6	75	Tonsils and adenoids —defective eyesight	Needs medical care. Unsuitable for ordinary class.
W. F.	12	5–1	3	Weak-willed, shy, dull	Feebleminded	8–4	69	Anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 2

NATIONALITY OF PARENTS—90% Jewish, Canadian born or Russian parents—the remainder consisting of Chinese, Syrian, Italian and a few English and Scotch.

GENERAL HOME CONDITIONS—Rather poor, notwithstanding that the people are earning good wages—apparently they are saving their money. Occupations, chiefly garment-makers, pressers and tradespeople.

Enrolment	927

FINDINGS

Supernormal	3
Normal	1
Retarded	8
Borderline deficiency	14
Feebleminded	3
Imbecile	0
Idiot	2

Pupils Examined	31

GROUPS

Supernormal	3
Normal	1
Retarded	8
Mentally deficient	19 or 2.04%

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. J.	11	2–2	..	Nervous	Borderline	8	71	Hearing, decayed teeth, defective nasal breathing, stutters	Needs medical care. Unsuitable for ordinary class.
B. I.	8	2–1	..	Dull	Borderline	6.4	78	Tonsils, adenoids, defective nasal breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
B. M.	13	7–1	..	Lazy, restless	Supernormal	15.8	120	None	Unsuitable for ordinary class.
C. P.	11	4–2	..	Stubborn, lazy, restless	Retarded	9.3	84	Tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
D. I.	11	3–2	..	Dull	Borderline	8½	77	Chronic eye inflammation	Treatment for eyes. Unsuitable for ordinary class.
D. H.	10	3–2	..	Pronounced restlessness; cannot concentrate	Retarded	8.4	83	Decayed teeth	Unsuitable for ordinary class.
D. H.	10	1–2	..	Pugnacious, lazy, restless	Feebleminded	6	60	Malnutrition	Unsuitable for ordinary class.
D. J.	14½	5–1	..	Lazy, restless, dull	Feebleminded	9.8	66	None	Unsuitable for ordinary class.
D. D.	12	4–2	..	Weak-willed, lazy, restless	Borderline	9	75	None	Unsuitable for ordinary class.
D. P.	7	Kindergarten	..	Dull, shy	Borderline	5 4	76	Anaemia, decayed teeth	Needs medical care. Unsuitable for ordinary class.
G. R.	6	Kindergarten	.	Weak-willed, secluisive	Feebleminded	3.8	61	Anaemia, tonsils	Needs medical care. Unsuitable for ordinary class.
J. B.	11	6–1	..	Exceedingly bright, restless	Supernormal	14.10	134	None	Class suitable to mental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
K. J.	6	Kindergarten	..	Weak-willed, dull, restless	Borderline	4.2	69	None	Ordinary class.
K. D.	13	7–2	..	Seclusive, shy	Retarded	12	88	Decayed teeth, rickety chest	Needs medical care. Ordinary class.
L. C.	6	1–1	..	Weak-willed, seclusive	Borderline	4–4	72	Malnutrition, decayed teeth, nervous	Unsuitable for ordinary class.
M. M.	7	1–2	..	Shy, dull	Retarded	6–4	90	Tonsils, decayed teeth, adenoids	Needs medical care. Ordinary class.
M. A.	8	1–2	..	Dull	Retarded	6–4	80	Defective nasal breathing, eye defect	Needs medical care. Ordinary class.
M. E.	13	4–1	..	Dull, shy	Borderline	9–6	73	Malnutrition, enlarged tonsils	Needs medical care. Unsuitable for ordinary class.
P. M.	6	1–1	..	Dull	Borderline	4–6	75	Defective nasal breathing, malformed ears, speech defect, slightly deaf	Needs medical care. Ordinary class.
P. J.	11	2–2	..	Seclusive	Retarded	9–4	86	Malnutrition, anaemia, tonsils, adenoids, nervous	Needs medical care.
R. M.	8	1–1	..	Affectionate, dull	Idiot	3–6	43	Defective nasal breathing, decayed teeth, microcephalic lisp	Unsuitable for ordinary class.
R. N.	9	1–2	..	Seclusive	Borderline	6.8	72	Decayed teeth	Unsuitable for ordinary class.
S. J.	11	4–2	..	Inattentive, restless, lazy, dull	Retarded	9	80	Anaemia, enlarged tonsils	Unsuitable for ordinary class.
S. M.	10	4–2	..	Most stubborn, incorrigible, nervous	Normal, with psychopathic tendencies	9.11	99	Decayed teeth	Ordinary class, but certain amount of psychiatric supervision advisable. Class suitable tImental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
S. A.	12	5–1	..	Untruthful	Supernormal	13	110	None	Class suitable to mental age.
S. A.	6	Kindergarten	..	Highly strung, untruthful, weak-willed, restless	Borderline	4.6	75	Defective breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
S. L.	8	1–1	..	Dull, weak	Idiot	2.8	33	Decayed teeth	Unsuitable for ordinary class.
S. H.	7	2	..	Dull	Borderline	5.6	80	Malnutrition, decayed teeth, tonsils	Needs medical care. Ordinary class.
T. M.	11	4–1	..	Lazy, dull	Retarded	8.10	80	Defective eyesight, tonsils	Needs medical care. Unsuitable for ordinary class.
T. P.	11	3–2	..	Weak-willed, lazy	Borderline	8.4	75	Defective eyesight	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 3

NATIONALITY OF PARENTS—Mostly Canadian-English, with a few Jews and one or two French.

GENERAL HOME CONDITIONS—Labouring class—many of the mothers working, with a few Institutional cases.

Enrolment	210
Pupils examined	24

FINDINGS	
Supernormal	1
Normal	6
Retarded	6
Borderline	9
Feebleminded	0
Imbecile	1
Idiot	1

GROUPS	
Supernormal	1
Normal	6
Retarded	6
Mentally deficient	11 or 5.27%

Repeats 7

(These are obtained merely from School No. 3 records—children may have repeated many times in other schools.)

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. V.	13	1–2	New pupil	Dull	Imbecile	7.3	56	Old hip joint disease, squint	Unsuitable for ordinary class.
B. H.	10.3	3–2	1	Weak-willed, dull, restless, lazy	Borderline	..	71	None	Unsuitable for ordinary class.
B. R.	5.7	Kindergarten	New pupil	Weak-willed, secluded, restless	Borderline	4.5	79	.....	.....
B. W.	7	1–2	New pupil	Weak-willed, shy, dull	Borderline	5.4	77	Tonsils	Needs medical care. Unsuitable for ordinary class.
C. C.	12.2	4	..	Weak-willed, stubborn	Retarded	12.2	82	Decayed teeth, anaemia	Needs medical care. Unsuitable for ordinary class.
C. M.	7	1–2	New pupil	Weak-willed, shy, restless, dull	Normal	6.8	95	None	Ordinary class.
D. S.	6	1–2	1	Weak-willed, restless, lazy	Retarded	5.4	9	None	Ordinary class.
F. N.	10	3–2	1	Weak-willed, restless, lazy	Retarded	8.3	83	None	Unsuitable for ordinary class.
F. E.	10.10	..	..	Willing, slow, stolid	Borderline	8.4	77	Tonsils	Needs medical care. Unsuitable for ordinary class.
G. A.	6	1–2	New pupil	Weak-willed, dull	Normal	5.8	97	Decayed teeth	Nose and throat examination; dental care. Ordinary class.
H. M.	15	3.2	2	Weak-willed	Idiot	4.5	33	Decayed teeth	Unsuitable for ordinary class.
H. J.	9.10	2	1	Weak-willed, shy, lazy	Borderline	7.4	75	Decayed teeth, defective nasal breathing	Examination of nose. Unsuitable for ordinary class.
H. F.	8.8	2	1	Incorrigible, shy, restless, dull	Borderline	7	80	Decayed teeth	Needs medical care. Unsuitable for ordinary class.
H. D.	9.9	4	..	impulsive, restless, bright, shy	Supernormal	11	112	None	Class suitable to mental age.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
H. A.	6.4	Kindergarten	..	Weak-willed, restless, shy	Retarded	6.1	53	.....	.....
K. E.	14.4	4	2	Stubborn, dull, lazy	Borderline	..	70	.....	.....
L. B.	6	1–2	0	Weak-willed, lazy, impulsive	Normal	5.6	93	Slight anaemia	Ordinary class.
M. J.	9.6	2	New pupil	Incorrigible, restless, lazy	Borderline	7.1	75	.....	.....
S. C.	10.8	2	2	Incorrigible, impulsive, restless	Borderline	8	75	None	Unsuitable for ordinary class.
S. W.	9.6	2	2	Lazy, restless, shy	Normal	8.6	91	None	Ordinary class.
S. M.	10	4	..	Seclusive, dull	Retarded	8.5	85	None	Ordinary class.
S. K.	6	1–2	..	Restless, dull	Normal	6.5	108	.....	.....
T. D.	13.7	4	New Pupil	Weak-willed, restless, impulsive	Retarded	11.7	86	Malnutrition, decayed teeth	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 4

NATIONALITY OF PARENTS—Canadian-English and Canadian-Scotch, with a few Canadian-Russian.

GENERAL HOME CONDITIONS—Fair home conditions. Occupations: mechanics, shopkeepers and boarding-house keepers. There is also an attendance from the Ladies' Benevolent Institute and the Hebrew Sheltering Orphans' Home.

Enrolment	487	Pupils examined	50

FINDINGS		GROUPS	
Supernormal	2	Supernormal	2
Normal	8	Normal	8
Retarded	18	Retarded	18
Borderline deficiency	17	Mentally deficient	22 or 4.51%
Feebleminded	4		
Imbecile	1		
Idiot	0		

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. R.	7.9	1–1	..	Restless, dull	Borderline deficiency	6	77	None	Ordinary class.
A. G.	11	4–2	..	Untruthful, pugnacious, impulsive, restless	Normal, with sensitive disposition	(10.11)	99	Defective sight	Eyes should be tested. Ordinary class, with special attention to peculiar temperament.
B. E.	8	1–1	..	Stubborn, dull, restless	Imbecile	4.10	54	Tonsils, adenoids	Needs medical care. Unsuitable for ordinary class.
B. C.	5–7	Kindergarten	..	Stubborn, dull	Retarded	4.6	80	None	Ordinary class.
B. E.	15	6	..	Dull	Borderline	11–2	74	None	Unsuitable for ordinary class.
B. E.	7	..	..	.....	Retarded	5.10	83	Defective nasal breathing, decayed teeth	Nose examination. Ordinary class.
C. R.	7.1	1–1	..	Stubborn, lacks concentration	Retarded	5.8	80	.....	Ordinary class.
C. J.	7–3	1–1	..	Stubborn, dull	Retarded	6.2	85	Stutters (shy and nervous)	Unsuitable for ordinary class.
D. M.	9.2	2–1	..	Weak-willed, dull	Retarded	7–4	80	Defective nasal breathing, decayed teeth	Unsuitable for ordinary class. Should have nose examined.
D. G.	11.11	2–2	..	Weak-willed, dull, restless	Borderline	8.6	71	Defective nasal breathing, decayed teeth	Needs medical care. Unsuitable for ordinary class.
E. I.	10.3	2–1	..	.....	Borderline	7.8	74	Slight malnutrition, decayed teeth	Unsuitable for ordinary class.
G. A.	9.7	2–1	..	Restless, dull	Retarded	7.10	82	None	Unsuitable for ordinary class.
F. J.	7.2	1–1	..	.....	Feebleminded	..	..	Old injury to right eye	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
F. J.	7	2–1	..	Bright	Supernormal	9.8	133	None	Class suitable to mental age.
G. M.	6.8	1–1	..	Fair	Borderline	5.2	77	None	Ordinary class.
G. F.	6.8	1–1	..	Dull	Borderline	4.8	70	.....	Ordinary class.
H. J.	6	1–1	..	.....	Retarded	5.4	88	Tonsils, adenoids, decayed teeth	Ordinary class. Needs medical care.
H. G. G.	7.4	1–1	..	.....	Borderline	5.6	75	Tonsils, adenoids	Nose and throat examination. Unsuitable for ordinary class.
J. P.	10	3–2	..	Restless, lazy	Retarded	8.7	85	Tonsils, adenoids, defective hearing	Nose and throat examination. Unsuitable for ordinary class.
K. G.	10	2–1	..	Incorrigible, restless	Retarded	8.4	82	Tonsils	Nose and throat examination. Unsuitable for ordinary class.
K. H.	11	8–3	..	Average ability, lazy	Retarded	8.3	80	Decayed teeth	Unsuitable for ordinary class.
L. W.	7.8	2–2	..	Very bright	Supernormal	9.10	127	None	Class suitable to mental age.
M. E.	6	1–1	..	.....	Normal	6.6	95	Tonsils	Throat examined. Ordinary class.
M. A.	7	1–1	..	Dull, lazy	Normal	6.6	90	Tonsils, adenoids, decayed teeth, defective hearing	Needs medical care. Ordinary class.
P. R.	7.10	1–2	..	Weak-willed, dull	Borderline	5.10	72	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
P. E.	10	2–2	..	Weak-willed, dull, dishonest, untruthful	Borderline	7.4	72	None	Unsuitable for ordinary class.
P. J.	7	1–2	..	Restless, dull, weak-willed	Retarded	6	82	Malnutrition, decayed teeth	Unsuitable for ordinary class.
P. V.	10	2–2	..	.....	Borderline	7.2	71	Malnutrition, decayed teeth	Unsuitable for ordinary class.
R. G.	8.2	1–1	..	.....	Feebleminded	5.2	63	.....	Unsuitable for ordinary class.
R. G.	8.2	1–1	..	.....	Feebleminded	6.6	67	Tonsils	Throat examined. Unsuitable for ordinary class.
S. T.	6.6	1–1	..	.....	Retarded	5.6	84	Tonsils, adenoids, decayed teeth	Should see throat specialist. Ordinary class.
S. A.	14	5–2	..	Stubborn	Borderline	10.11	77	.....	Unsuitable for ordinary class.
S. B.	9.8	2–1	..	Dull	Borderline	7	72	None	Unsuitable for ordinary class.
S. N.	12	5.2	..	Weak-willed, dull, lazy	Retarded	9.9	81	None	Unsuitable for ordinary class.
S. T.	10	..	..	Restless dull.	Retarded	8.8	86	None	Unsuitable for ordinary class.
K. M.	7.7	1–1	..	Dull, lazy	Retarded	6.2	81	Defective nasal breathing, anaemia	Needs medical care. Unsuitable for ordinary class.
S. F.	9	3–2	..	Bright, nervous, restless, shy	Normal (nervous)	9	100	None	Ordinary class.
S. M.	7	1–1	..	Dull, stubborn	Retarded	5.8	80	.....	Ordinary class.
S. L.	6.2	Kindergarten	..	Dull, lazy	Retarded	5	82	None	Ordinary class.
S. C.	8.9	1–1	..	Dull	Feebleminded	6	68	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
T. V.	13	6	..	Dull, shy	Borderline	10.10	78	None	Unsuitable for ordinary class.
T. A.	9.8	2–1	..	Normal will, restless	Borderline	7.8	79	None	Unsuitable for ordinary class.
T. H.	6	1–1	..	Dull, stubborn	Normal	5.10	96	.....	Ordinary class.
N. T.	6	1–1	..	Dull, stubborn	Retarded	5.4	88	.....	Ordinary class.
W. G.	7	1–2	..	Dull	Borderline	6	79	None	Unsuitable for ordinary class.
W. A.	8	2–2	..	Stubborn, lazy, restless.	Normal	8.4	..	None	Ordinary class.
W. H.	6	1–1	..	Dull, impulsive	Normal	5.10	96	.....	Ordinary class.
W. H.	12	3-2	..	Restless, lazy, dull	Borderline	8.9	70	None	Unsuitable for ordinary class.
W. A.	12–4	6	..	Stubborn, dull, lazy	Normal	11.10	96	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No 5

NATIONALITY OF PARENTS—90% Canadian-Russian Jews—about 40 Chinese, with a sprinkling of Greek-Roumanians and Protestant Italians.

GENERAL HOME CONDITIONS—Housing conditions rather poor; money making and saving type of small shop-keepers and garment-makers.

Enrolment	85.7	Pupils examined	39

FINDINGS		GROUPS	
Genius	2	Genius	2
Normal	17	Normal	17
Retarded	10	Retarded	10
Borderline	9	Mentally deficient	20 or 2.33%
Feebleminded	4		
Imbecile	5		
Idiot	2		

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. G.	7	1–1	..	Weak-willed, restless, dull	Feebleminded	4.4	60	Defective nasal breathing, decayed teeth	Needs medical care.
A. E.	11	3–2	..	Attention wanders, lazy, dull	Borderline	8	72	None	Unsuitable for ordinary class.
A. A.	12	1–1	..	No will-power; dismissed from school as could not be directed by teacher	Idiot	57	42	None	Unsuitable for ordinary class.
B. A.	10	2.2	..	Weak-willed, dull, normal; lacks concentration	Normal	9.2	91	Tonsils, adenoids, malnutrition, decayed teeth, anaemia	Operation for tonsils and adenoids. Ordinary class.
B. L.	10	3–1	..	Restless, dull, lacks concentration	Retarded	8.8	86	None	Ordinary class.
B. C.	6	1–1	..	Dull	Imbecile	3.8	60	None	Unsuitable for ordinary class.
B. I.	14	5.2	..	Weak-willed, restless, dull	Retarded	11.9	80	Tonsils, adenoids	Needs medical care. Ordinary class.
C. R.	14	..	..	.....	Borderline	10	71	Eye defect, decayed teeth	Needs medical care. Unsuitable for ordinary class.
E. N.	14	6–2	..	Pugnacious, lazy, dull	Borderline	10.3	73	Tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
F. H.	12	2.2	..	Weak-willed, restless, dull	Feebleminded	7	60	None	Unsuitable for ordinary class.
F. W.	14	4–1	..	Pugnacious, dull, smokes cigarettes, lazy.	Imbecile	8	57	None	Unsuitable for ordinary class.
F. E.	9	2–2	..	Dull	Normal	9	100	Malnutrition, decayed teeth	Needs medical care. Ordinary class.
F. M.	12	..	..	.....	Retarded, psychopathic, inferior	9	90	Hoarse	Needs nose and throat examination. Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. W.	8	1–2	..	Weak-willed, restless, dull.	Retarded	6.8	81	Had accident when 5 years old; injury to skull; left eye is blind	Unsuitable for ordinary class.
I. A.	11	3–1	..	incorrigible, untruthful, dull	Imbecile	5.8	57	Decayed teeth	Unsuitable for ordinary class.
K. F.	8	2–1	..	Weakwilled, dull	Retarded	7	85	Malnutrition, tonsils, adenoids, anaemia.	Needs medical care. Ordinary class.
K. M.	11	3–2	..	Weak-willed, dull, shy	Retarded	9.8	88	None	Unsuitable for ordinary class.
L. S.	8	2–1	..	Weak-willed, restless, dull	Retarded	6.6	31	None	Ordinary class.
L. A.	14	6–2	..	Dull	Borderline	x7	75	Decayed teeth	Unsuitable for ordinary class.
P. A.	14	6–1	..	Very dull	Borderline	11	79	Tonsils and adenoids	Operation for tonsils and Adenoids. Unsuitable for ordinary class.
P. T.	12	4–2	..	Stubborn, dull, untruthful, incorrigible, pugnacious	Feebleminded	8–2	68	Malnutrition, decayed teeth	Needs medical care. Unsuitable for ordinary class.
P. M.	9	4–2	..	Restless, bright	Supernormal	15.11	175	.....	Class suitable to mental age.
R. R.	10	3–1	..	Stubborn, truant, incorrigible, lazy	Retarded	8.2	81	Defective nasal breathing, decayed teeth malnutrition	Needs medical care. Ordinary class.
R. S.	7	1–2	..	Dull	Retarded	6.6	90	Anaemia, malnutrition	Needs medical care. Ordinary class.
R. D.	9	1–1	..	Destructive, dull	Idiot	3	33	Tonsils, adenoids	Needs operation. Unsuitable for ordinary class.
S. H.	11	..	..	.....	Normal	10	90	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
S. I.	11	2–2	..	Lack of concentration, dull	Imbecile	6	54	Tonsils, adenoids	Operation necessary. Unsuitable for ordinary class.
S. R.	9	2–2	..	Weak-willed, no power of concentration	Borderline	6.10	75	Decayed teeth, malnutrition	Needs medical care. Unsuitable for ordinary class.
S. D.	13	..	..	.....	Normal	12	90	Tonsils, adenoids, eye defect	Needs medical care. Ordinary class.
S. L.	10	3–1	..	Untruthful, dull	Normal	9.2	91	Anaemia, decayed teeth, malnutrition	Needs medical care. Ordinary class.
S. D.	9	2–1	..	Dull, pugnacious, lacks concentration	Borderline	7	77	None	Ordinary class.
S. T.	12	2–2	..	Nervous, dull, restless	Imbecile	5.6	46	Hearing, defective nasal breathing	Unsuitable for ordinary class.
S. S.	8	4–1	..	Bright	Supernormal	13.3	165	.....	Class suitable to mental age.
S. I.	14½	6–2	..	incorrigible, dull, restless, lazy	Normal	13	90	Tonsils, adenoids	Needs medical care. Ordinary class.
S. I.	12	4–2	..	Weak-willed, dull, pugnacious	Retarded	10.4	89	Defective nasal breathing	Needs medical care. Ordinary class.
S. R.	9	2–2	..	Weak-willed, dull, untruthful, lazy	Borderline	7	70	None	Unsuitable for ordinary class.
F. R.	12	4–1	..	Seclusive, dull, restless, shy	Borderline	8.4	70	Decayed teeth	Unsuitable for ordinary class.
Z. G.	8	1–2	..	Weak-willed, dull	Feebleminded	5.4	66	Decayed teeth. Mouth breathing	Medical examination. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 6

NATIONALITY OF PARENTS—Seventy (70) per cent. Jewish—Canadian predominating, with a sprinkling of Canadian-Scotch, Canadian-English, and a few Irish, Scotch, English and Americans. One (1) West Indian (white).

GENERAL HOME CONDITIONS—Parents are of the poorer type. Occupations: railroad men, labourers and factory hands; in many cases the mothers work.

Enrolment	770	Pupils examined	29

INDIVIDUAL TESTS

FINDINGS		GROUPS	
Supernormal	0	Supernormal	0
Normal	6	Normal	6
Retarded	4	Retarded	4
Borderline	10	Mentally deficient	19
Feebleminded	9		
Imbecile	0		
Idiot	0		

Percentage of Feebleminded	1.16%
Percentage of Mentally deficient	2.46%

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. H.	12.9	6.1	3	Dull	Borderline	9–3	72	Pale, poorly nourished, under developed; wears glasses	Unsuitable for ordinary class. Needs medical attention.
B. G.	9.7	3–1	..	Weak-willed, lazy, dull, seclusive, pronounced shyness	High borderline	7–7	79	High arched palate	Unsuitable for ordinary class.
B. J.	10.4	3–1	4	Dull, lazy	Feebleminded	7	67	Speech defect. Mouth breather. Adenoids and tonsils	Unsuitable for ordinary class. Should have nose and throat examination.
B. J.	12.10	4	1	Dull, poor comprehension, lazy, restless, impulsive, incorrigible	Borderline	9.3	72	None	Unsuitable for ordinary class.
B. A.	14.6	6–1	2	Dull	Feebleminded	9–11	68	None	Unsuitable for ordinary class.
B. W.	11.3	4	1	Dull, Weakwilled, lazy, untruthful, restless, truant.	Normal	10.6	93	None	Ordinary class.
B. J.	8.6	3–1	1	Lazy, weakwilled, truant	Normal	7.8	90	Notched teeth	Ordinary class.
B. F.	11.5	3–1	2	Dull, weak-willed, lazy, restless	Feebleminded	7–9	67	Notched teeth. (somewhat of Hutchison type)	Unsuitable for ordinary class.
B. A.	14.5	4–1	2	Dull, weakwilled, pronounced shyness	Feebleminded	9	68	None	Unsuitable for ordinary class.
B. J.	11	5–1	2	Bright, weak-willed, profane, lazy, untruthful	Borderline	10.6	95	High palate	Ordinary class.
B. H.	12.4	3–1	2	Dull, weak-willed, incorrigible, restless	Borderline	9.6	77	Hearing, right ear. Narrow palate. Malnutrition. Decayed teeth.	Unsuitable for ordinary class. Needs medical care.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
B. V.	14.8	5–1	2	Dull	Feebleminded	9.3	63	Decayed teeth	Unsuitable for ordinary class.
C. G.	8.8	1	1	Dull, lazy, seclusive, pronounced shyness	Feebleminded	5.9	66	Large head; small body	Unsuitable for ordinary class.
C. L.	10.5	3–1	2	Dull, weak-willed, lazy.	Retarded	8.9	84	Enlarged tonsils. Defective hearing	Ordinary class (special attention). Nose and throat examination.
C. J.	10.3	2–1	3	Dull, weak-willed, lazy, untruthful	Borderline	7.6	73	Underdeveloped	Ordinary class (special attention).
C. C.	10.11	5–1	1	Lazy, profane, untruthful, restless	Normal	10.6	95	States defective sight; nervous and restless	Ordinary class. Eyes tested.
C. G.	15.9	6–1	2	Dull, stubborn	Feebleminded	9.8	61	High palate	Unsuitable for ordinary class.
C. A.	10.2	4–1	1	Dull, weak-willed, lazy	Retarded	8.11	81	None	Ordinary class (special attention.
D. H.	10.2	3–1	1	Restless	Borderline	7.9	76	Stammers, restless	Unsuitable for ordinary class.
F. S.	12.4	3–1	2	Dull, weak-willed, lazy	Borderline	9.7	77	None	Unsuitable for ordinary class.
J. M.	10	4	..	Dull, impulsive, untruthful, restless, lazy	Normal	9.6	95	Defective sight chronic blepharitis	Ordinary class. Eyes tested.
L. S.	12.3	5–1	2	Dull, weak-willed, lazy	Borderline	9	73	Overgrown	Unsuitable for ordinary class.
M. E.	12.5	4.1	2	Dull, weak-willed, restless, inattentive	Borderline	9.7	77	None	Unsuitable for ordinary class.
M. F.	11.2	4–1	1	Dull, impulsive	Normal	10.6	90	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
M. W.	8.8	2–1	2	Dull, stubborn, lazy, restless	Feebleminded	6	69	Decayed teeth.	Unsuitable for ordinary class.
M. M.	10.2	1–1	1	Impulsive, plays with younger children, marked restlessness	Feebleminded	6.3	61	Decayed teeth, nervous, inclined to chorea	Unsuitable for ordinary class. Needs medical care.
R. W.	11.6	3–1	1	Dull, restless	Retarded	9.3	80	None	Ordinary class.
R. J.	11.4	4–1	1	Dull, weak-willed	Borderline	8.6	75	None	Unsuitable for ordinary class.
T. L.	8.8	1	1	Impulsive, lazy, stubborn, pugnacious, restless, incorrigible. Must be No. 1 at all times	Retarded, with psychopathic tendencies	7	80	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 7

NATIONALITY OF PARENTS—90 per cent. Jewish—mostly Canadian-born of Russian parentage—a few Polish, Austrian and German, with a sprinkling of Canadian-English, Canadian-Scotch and French-Canadian.

GENERAL HOME CONDITIONS—Fairly well-to-do people, of the merchant and labouring class. Home conditions good.

Enrolment	1459	Pupils examined	49

FINDINGS		GROUPS	
Supernormal	0	Supernormal	0
Normal	7	Normal	7
Retarded	12	Retarded	12
Borderline deficiency	17	Mentally deficient	30 or 2.05%
Feebleminded	8		
Imbecile	5		
Idiot	0		

GROUP TESTS—SCHOOL No. 7—From 5th Grade to 7th Grade, Inclusive

Groups	VII–2	VII–1	VI–2	VI–1	V–2	V–I	Totals	Per–centage	Remarks
Genius	4	3	8	3	3	5	26	5.9	Supernormal.... 36.29%
Very superior	5	11	8	10	9	7	50	11.3	Normal..... 39.5 %
Superior	6	10	25	19	15	9	84	19.09	Retarded..... 12.9
Normal	25	18	41	38	21	31	174	39.5	Deficient..... 11.1 %
Retarded	6	6	11	14	11	9	57	12.9	
Borderline	4	1	5	6	5	8	29	6.6	Total subnormal. 24.0 %
Feebleminded	0	1	1	3	2	4	11	2.5	
Imbecile	1	2	0	0	0	2	5	1.1	
Idiot	0	0	0	1	1	2	4	.91	
Totals	51	52	99	94	67	77	440	99.8	

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. M.	6–5	1–1	0	Indifferent, shy, dull	Normal	6.2	100	Malnutrition, anaemia, decayed teeth	Needs medical care. Ordinary class.
A. J.	6.6	1–1	0	Indifferent, careless	Retarded	5.6	84	None	Unsuitable for ordinary class.
B. S.	7.3	1–1	2	Lack of control, timid, dull, lazy	Borderline deficiency	5.6	76	None	Unsuitable for ordinary class.
B. D.	13	3–1	3	Studies aloud, dull, restless	Feebleminded	8.3	63	None	Unsuitable for ordinary class.
C. A.	11.2	4–1	4	Dull, lazy, untruthful	Borderline deficiency	8.5	75	None	Unsuitable for ordinary class.
C. L.	6.8	1–1	1	Dull, lazy, stubborn	Retarded	5.6	82	None	Unsuitable for ordinary class.
C. L.	9.5	3–1	2	Stubborn, lazy, restless	Normal	9	96	None	Ordinary class.
C. B.	9	2–1	3	Dull, lazy, pugnacious	Borderline	7.1	79	Decayed teeth	Unsuitable for ordinary class.
C. J.	7.5	1–1	1	Lazy, dull	Borderline	5.9	77	Squint	Unsuitable for ordinary class.
C. E.	11.4	3–1	0	Backward, dull, restless	Borderline	7.85	71	Short sight	Unsuitable for ordinary class.
F. I.	12.5	4–1	2	Dirty, stubborn, restless	Borderline	9.9	79	None	Unsuitable for ordinary class.
D. A.	9.3	3–1	1	Bites other children, bully	Normal (psychopathic tendencies)	9.3	100	None	Ordinary class.
G. M.	14.10	7.2	3	Stupid, dull	Borderline	11.7	79	Tonsils	Unsuitable for ordinary class.
G. R.	15	4–2	3	Deceitful, dull	Imbecile	8.5	56	Very deaf	Unsuitable for ordinary class.
G. B.	10.8	3.2	2	Lazy, restless, dull	Borderline	8.4	78	None	Unsuitable for ordinary class.
G. J.	10.9	3–2	2	Seclusive, weak-willed	Borderline	8.2	76	Defective hearing	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. J.	8.1	1–2	1	Indifferent, extremely nervous	Retarded	6.85	84	Malnutrition, nervous	Needs medical care. Unsuitable for ordinary class.
L. M.	6	1–1	0	Weak-willed, shy, dull	Retarded	5	83	Malnutrition, tonsils, adenoids, decayed teeth	Needs medical care. Unsuitable for ordinary class.
L.	6.6	1–2	0	Very nervous, shy	Normal	6.9	101	None	Ordinary class.
R. K.	13	4.2	6	Deceitful, lazy, restless	Imbecile	7.8	60	None	Unsuitable for ordinary class.
G. K.	12	4–1	5	Pugnacious, restless	Feebleminded	8.4	70	Speech defects	Unsuitable for ordinary class.
H. I. M.	8.9	2–1	3	Restless	Retarded	7.8	89	Malnutrition, tonsils, adenoids, decayed teeth	Operation advisable. Ordinary class.
G. M.	7.3	1–1	1	Weak-willed, very nervous	Feebleminded	4.10	65	Defective nasal breathing	Unsuitable for ordinary class.
M.	9.8	4–1	0	Weak-willed, shy	Normal	9.4	97	None	Ordinary class.
B. M. I.	9.3	4–1	2	Restless, lazy	Retarded	9.3	80	Malnutrition, anaemia, tonsils, adenoids	Overworked; attends Hebrew school; should be taken away from H.S. and have rest and medical care. Unsuitable for ordinary class.
M. H.	13.11	4.1	2	Dull	Borderline	9.9	70	None	Unsuitable for ordinary class.
M. R.	9.8	2–1	0	Stubborn, lazy	Feebleminded	6.5	67	Malnutrition, microcephalic, poor eyesight	Unsuitable for ordinary class.
S. G.	5–6	Kindergarten	..	Impulsive, bright	Normal, bright	6	109	Tonsils and adenoids	Operation advisable. Class suitable to mental age.
R. D.	12.11	3.1	4	Deceitful	Imbecile	7.10	60	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
R. P.	8.4	4–1	1	Makes faces, talks to himself	Borderline	10.9	77	None	Unsuitable for ordinary class.
N. F.	10.8	3–1	5	Untruthful, lazy	Retarded	9.45	88	Chronic eye inflammation	Needs medical care. Unsuitable for ordinary class.
M. M.	10.4	2–2	3	Weak-willed, restless	Feebleminded	6.65	65	None	Oversensitive disposition—needs special attention. Unsuitable for ordinary class.
S. M.	11.7	4–1	7	Pugnacious, stubborn	Borderline	8.10	70	Chorea	Needs medical care; should not be attending school. Unsuitable for ordinary class.
S. J.	10.9	3–2	1	Seclusive	Feebleminded	7.7	63	None	Unsuitable for ordinary class.
S. B. L.	5.3	Kindergarten	..	Stubborn, seclusive	Borderline	4	76	None	Unsuitable for ordinary class.
S. Z.	10.11	4–2	2	Pugnacious, restless	Retarded	9.4	89	Tonsils, adenoids	Needs medical care. Unsuitable for ordinary class.
F. W.	9.10	4–1	..	Untruthful, restless	Retarded	8.3	84	Tonsils, adenoids, defective speech	Ordinary class. Needs medical care.
M. W.	17	4–1	7	Shy, dull	Imbecile	7.2	45	Anaemia, malnutrition	Unsuitable for ordinary class.
S. W.	6	1–1	0	Stubborn, lazy, shy	Retarded	5.15	86	None	Ordinary class
D. T.	6.4	1–1	0	Lazy, shy, dull	Normal	6.4	100	Decayed teeth	Ordinary class.
A. S.	11.6	3–2	6	Weak-willed, lazy	Feebleminded	8	69	Decayed teeth	Unsuitable for ordinary class.
M.	9	3–1	3	Weak-willed	Retarded	7.65	85	Tonsils, adenoids, malnutrition, decayed teeth, anaemia	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A	‡ I.Q.	Physical Defects	Recommendations
S. B.	9.5	2–2	3	Lazy, dull	Borderline	6.8	72	Tonsils, adenoids, malnutrition, anaemia.	Needs medical care. Unsuitable for ordinary class.
S. S.	13	4–1	5	Weak-willed, lazy	Feebleminded	8.2	63	Acute bronchitis	Should be home in bed; unsuitable for ordinary class.
S. S.	10.6	3–2	2	Pugnacious, stubborn	Borderline	8.3	78	None	Unsuitable for ordinary class.
S. W.	12.10	3–2	3	Weakwilled, lazy	Borderline	8.10	70	None	Unsuitable for ordinary class.
S. G.	16	7–2	2	Inquisitive, sly	Imbecile	8.65	54	Deformed ears, defective sight, decayed teeth	Never promoted on marks. Unsuitable for ordinary class.
S. H.	10.3	3.1	4	Pugnacious, lazy	Retarded	8.2	80	Defective nasal breathing, decayed teeth; mild form of chorea	Needs medical care. Ordinary class.
T. A.	6.11	1–1	1	Restless, lazy	Borderline	5.4	77	Decayed teeth, tonsils and adenoids	Needs medical care. Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

SCHOOL No. 8

NATIONALITY OF PARENTS—Principally Canadian-born—a fair number of the children are Canadian-born of parents from the British Isles, with a very small percentage of foreigners (Canadian-Russian, Canadian-Chinese, Italian and West Indian).

Enrolment	654	Pupils examined	49

FINDINGS		GROUPS	
Normal	16	Normal	16
Retarded	17	Retarded	17
Borderline	12	Mentally deficient	16
Feebleminded	3		
Imbecile	1		

Percentage of Mentally Deficient 2.40%

Repeats 24

(These repeats are obtained merely from School No. 8 records—the children may have repeated many times in other schools.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
A. K.	12.3	4.1	2	Weak-willed, dull, lazy	Borderline	9.9	79	None	Unsuitable for ordinary class.
A. R.	14	7–1	..	Weak-willed, dull, untruthful, restless	Retarded	12	84	Eyesight	Eyes should be refracted. Ordinary class.
A. G.	9.2	2–A	1	Average ability, impulsive, restless	Normal	9	100	None	Ordinary class.
A. L.	10.8	2–1	..	Dull, plays with younger children, backward, slow	Feebleminded	7.3	68	Malnutrition	Unsuitable for ordinary class. Needs medical care.
B. E.	11.8	5.1	..	Weak-willed, dull	Retarded	10	85	None	Ordinary Class.
B. F.	7.8	1–1	..	Weak-willed, dull	Imbecile	4	52	Speech defect	Unsuitable for ordinary class.
B. E.	10.6	2–1	..	Average ability	Retarded	8.6	81	Defective nasal breathing. Unhealthy tonsils. Decayed teeth.	Unsuitable for ordinary class. Needs medical care.
C. D.	12.7	4–1	..	Weak-willed, dull, restless, lazy	Borderline	9	71	Speech defect	Unsuitable for ordinary class.
D. G.	8.4	3–1	..	Weak-willed, dull, lazy	Normal	8.5	101	None	Ordinary class.
E.	14.4	6–1	..	Weakwilled	Retarded	12.2	84	None	Ordinary Class.
F. V.	15.4	6–1	1	Weak-willed, dull	Normal	14.2	92	None	Ordinary class.
G. E.	15	7–1	1	Dull	Retarded	12	80	None	Ordinary class.
G. B.	14	5–1	3	Dull, impulsive, stubborn	Borderline	10.9	77	None	Unsuitable for ordinary class.
G. E.	8	2–a	1	Dull, lazy	Normal	7.9	96	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
G. B.	12.7	6–1	1	Dull, weak-willed, lazy	Normal	12.3	97	None	Ordinary class.
G. M.	14	5–1	..	Dull, weak-willed, lazy	Borderline	10.4	70	Decayed teeth	Unsuitable for ordinary class.
H. A.	10.1	4–1	..	Dull, untruthful, lazy, restless	Retarded	9	89	Anaemia	Ordinary class.
H. E.	12.10	7–1	..	Dull, weak-willed, restless, lazy	Normal	12.8	98	None	Ordinary class.
H. H.	14.4	6–1	1	Dull, weak-willed, lazy	Retarded	12.8	88	None	Ordinary class.
H. D.	13.3	4–1	2	Weak-willed, dull	Borderline	9.8	72	None	Unsuitable for ordinary class.
H. L.	12.7	6–1	..	Dull, weak-willed	Retarded	11	87	Anaemia	Ordinary class. Needs medical care.
H. A.	12	5	..	Impulsive, shy, seclusive	Normal	12.4	100	None	Ordinary class.
K. E.	14	5–1	..	Dull, lazy	Borderline	10–4	73	None	Unsuitable for ordinary class.
K. H.	11	2–1	..	Average ability, pugnacious, lazy, thief	Retarded; no apparent psychopathic tendencies	9.4	84	None	Ordinary class
K. G.	10.11	2–a	..	Average ability	Retarded	9.7	87	Anaemia, defective tonsils	Unsuitable for ordinary class. Needs medical care.
K. F.	9.4	2–1	..	.....	Retarded	8.3	88	None	Ordinary class.
K. V.	9.3	2–1	..	Dull at times, secluisive, stubborn	Retarded	8	86	None	Ordinary class, with special attention.
L. C.	13.1	5.1	..	Dull, lazy	Borderline	10	76	None	Unsuitable for ordinary class.
L. B.	12.1	6.1	..	Weak-willed, dull, lazy	Normal	11.3	93	Defective eyesight (probable)	Ordinary class. Eyes tested.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
L. N.	8.1	1-1	1	Weak-willed, dull	Feebleminded	5	61	Defective nasal breathing, decayed teeth	Unsuitable for ordinary class. Needs medical care.
M. C.	13.5	4-1	1	Stubborn, lazy, average ability	Borderline	10.6	78	None	Unsuitable for ordinary class.
M. M.	10.11	2-a	1	Dull	Feebleminded	7.6	68	Malnutrition, anaemia	Unsuitable for ordinary class. Needs medical care.
N. W.	13.2	6-1	1	Dull, weak-willed, lazy	Normal	13	98	None	Ordinary class.
N. B.	14	6-1	..	Stubborn, lazy, average ability	Borderline	10.6	75	Heart condition	Unsuitable for ordinary class. Needs medical care.
O. D.	12	3	..	Weak-willed	Retarded	9.8	80	None	Unsuitable for ordinary class.
P. D.	9.3	3	..	Weak-willed, dull, lazy	Normal	8.6	91	Unhealthy tonsils	Ordinary class. Needs medical care.
P. C.	13	7-1	..	Dull, weak-willed, stubborn, pugnacious	Retarded	11	84	None	Ordinary class.
P. R.	14.7	7-1	..	Dull, weak-willed, lazy, restless	Normal	13.4	91	None	Ordinary class.
P. U.	14.9	6-1	2	Dull, pugnacious, lazy	Borderline	11.5	77	None	Unsuitable for ordinary class.
R. A.	9	5	..	Untruthful, lazy, weak-willed, thief	Normal; no evident psychopathic tendencies	9	100	None	Ordinary class.
S. R.	10.3	4-1	1	Dull, weak-willed, lazy	Normal	9.9	95	None	Ordinary class.
S. A.	11	1-1	..	Average ability	Normal	10.1	91	None	Ordinary class.
T. H.	11.11	3-1	1	Dull, weak-willed, lazy	Borderline	9	75	None	Unsuitable for ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

Name	Age	Grade	Repeats	Conduct	Diagnosis	† M.A.	‡ I.Q.	Physical Defects	Recommendations
V. J.	6	1–1	...	Dull, weak-willed, lazy, untruthful, restless	Normal	6	100	None	Ordinary class.
W. G.	13.6	6–1	2	Dull, weak-willed, lazy, slow	Retarded	12	88	None	Ordinary class.
W. W.	11.11	4–1	1	Weak-willed, lazy	Normal	11.6	96	Decayed teeth	Ordinary class.
W. O.	12.1	5–1	..	Dull, lazy	Retarded	9.8	80	None	Unsuitable for ordinary class.
W. D.	10.11	4–1	..	Weak-willed, dull	Borderline	8	73	None	Unsuitable for ordinary class.
W. G.	11.5	4–1	..	Dull, stubborn, lazy, restless	Retarded	10	87	None	Ordinary class.

† M.A.—Mental age. ‡ I.Q.—Intelligence quotient.

ANYALYSIS OF RESULTS

Schools	Enrolment	Number of Pupils Examined	Supernormals	Normals with Conduct Disorder	Normals with Physical Defects	Retarded	Retarded with Conduct Disorder	Retarded with Physical Defects	Borderline	Feebleminded	Imbeciles	Idiots	Mental Defectives with Physical Defects	Mental Defectives with Conduct Disorder	Requiring Medical or Dental Care	Ordinary Class but Needing Special Supervision	Should be in Institution	Spernormals with Physical Defects	Supernormals with Conduct Disorder	Unsuitable for Ordinary Class	Percentage of Mentally Deficient	Total Number of Mentally Deficient
1	1600	84	1	9	5	20	6	9	23	17	7	2	32	36	46	12	3	0	0	53	3.06	49
2	927	31	3	1	1	8	7	8	14	3	0	2	15	13	24	5	2	0	3	20	2.04	19
3	210	24	1	5	2	6	6	2	9	0	1	1	6	10	10	8	1	0	1	13	5.27	11
4	487	50	2	7	3	18	15	10	17	4	1	0	7	x8	14	17	0	0	0	29	4.51	22
5	857	39	2	2	3	10	7	6	9	4	5	2	13	16	23	13	2	0	1	19	2.33	20
6	770	29	0	6	3	4	4	1	10	9	0	0	10	16	12	8	0	0	0	18	2.46	19
7	654	49	0	5	0	17	13	5	12	3	1	0	7	16	15	28	0	0	0	18	2.40	16
8	1459	49	0	7	3	12	11	8	17	8	5	0	16	28	28	9	0	0	0	38	2.05	30

x All normals examined were referred on account of conduct disorder.

x No conduct reports in six cases.

x This table does not include the results of the Otis Tests.

VIII—SOME OBSERVATIONS

1. Conduct disorder is an outstanding feature amongst children examined, restlessness being most frequently mentioned.

II. Teachers' time is wasted in trying to control restless pupils, and class efficiency is thus lowered.

III. Restlessness, inattention, and other allied conduct disorders are characteristic of mentally deficient children.

IV. The necessity for special schools or special classes is evident from the following facts:—

a. The number of mentally deficient children, and the necessity, on moral and educational grounds, of segregating them.

b. The probability of aiding many of the retarded and backward children by the removal of physical defects and other disabilities as far as possible.

c. The fact that the supernormal child does not receive the attention which he deserves, and is underestimated by his teacher.

d. The fact that mental deficiency is incurable, but by proper training and supervision many of the mentally deficient may be made an asset to the community instead of a liability—Detroit statistics show that 50 per cent. of children receiving special training make good in life.

V. Education should be framed according to the capacity of the pupil, with special regard to supernormal and feeble-minded.

VI. Attention is drawn to the large number of children requiring medical and dental care.

VII. The financial waste in teaching over and over again the same child, with little or no benefit to him, is worthy of serious attention.

VIII. The Group Tests appear to be fairly well correlated to the Binet Tests for practical purposes and are useful for making a rapid survey of a school. All teachers should be trained in their use, as they are very simple and require no extensive knowledge of psychology.

IX. Summary of Examination of Children, with I.Q. of 90 or over, referred for Misconduct or Dullness.

Total number examined—63.

In all but two instances in which the teacher omitted to state why child was sent up for examination the pupils were described as lazy and weakwilled, or dull and stubborn, or dull and restless, or nervous and emotional, or pugnacious.

In 21 cases, either decayed teeth, or malnutrition, or enlarged tonsils and adenoids, or defective sight were found—conditions requiring medical or dental care.

In some of these instances the pupils' dullness, restlessness and nervousness might be justly attributed to physical condition such as

enlarged tonsils, malnutrition, anaemia, defective sight and hearing, and presumably would be improved by requisite treatment.

In the majority of the pupils, however, their ill-success in adapting themselves to school life must be attributed to causes lying somewhat beyond the scope of the survey—a thorough study of home and family conditions, of heredity and environment being necessary. Many a child has been poorly trained in the first six years of life, the time in which the foundation of character is laid.

X. The number of supernormal children is quite considerable and they deserve more and better training than they receive at present.

XI. Subnormal and supernormal together outnumber the normal, yet school studies are set for the average child.

IX—RECOMMENDATIONS

1. The establishment of a Model School in Montreal, at which all children who require special instruction or attention should attend—the supernormal as well as the subnormal, but, of course, in different classes. Such a school would be an invaluable means of carrying out some important educational experiments, thus giving us a more accurate knowledge of different types of children.

2. Establishment of a system by means of which all pupils who attend this school can be given vocational advice, both during attendance at the school and afterwards.

3. Provision for the training of special teachers. At present it is necessary for Canada to go elsewhere when in need of such teachers.

4. Appointment of a psychiatrist and a psychologist in connection with the school system, for the purpose of giving advice with regard to special types of children.

5. The chief form of instruction in the case of the subnormal children should be domestic, industrial and manual.

6. Supernormal children should not be encouraged to complete their grades in a shorter time than others, but a special curriculum should be arranged for them.

7. The number of subnormal children in any one class should not exceed fifteen.

THE APPLICATION OF THE BINET-SIMON TESTS (STANFORD REVISION) TO A TORONTO PUBLIC SCHOOL

BY E. J. PRATT, PH.D., TORONTO

FOR the past three or four years the Public Medical Inspection of the Primary Schools of Toronto have recognized the problem of mental defect by incorporating Psychiatry in its programme of Survey. Throughout that time a considerable number of schools with an enrolment of approximately 60,000 children came under investigation, and of this number over a thousand children were found to be so mentally defective as to be absolutely incapable of making any progress in the class room. These comprised between one and a half and two per cent of the total enrolment,—a figure which, there is every reason to believe, holds good of the total school population of the city. In addition to this there was found a group who could not strictly be termed "mental defectives" yet whose retardation was so pronounced that they were not only unable to keep up with the normal advance of the pupils in their own classes but were a positive handicap to the teachers who had, as a rule, to give them more than a proportionate share of time and attention. These also were classified, and it was pointed out from time to time, in reports and addresses based upon the facts disclosed, that provision should at once be made for the adequate training and supervision of both classes concerned. The results of the investigation formed part of the evidence presented to the Commission under Mr. Justice Hodgins, and in compiling his Report the Commissioner placed emphasis upon the careful sifting out, by Psychiatric methods, of the mentally abnormal in the public schools.

As is well known, the complexity of the problem demands that there shall be no arbitrary limitations imposed upon the mode of investigation. A given case of defect must be studied from all relevant standpoints. Importance must be attached to the behaviour of the child on the playground, whether it is characterised by moody isolation from his fellows, by participation in sport, or by explosive and irresponsible conduct. The degree of his apathy or responsiveness in the class-room, the estimate placed upon his capacity by the teacher, the presence of certain emotional peculiarities as sullenness, obstinacy, resentment of reproof or a general negative attitude,—all these must be viewed in the light of the records

of personal and family history. There remains then the factor which, with a somewhat narrow meaning, has been usually described as psychological, namely, the intelligence of the child as determined by norms constructed out of the mental performances of other children of approximately the same physical age. This factor, insufficient by itself, may yet as a result of a standardized procedure be regarded as one of the most valuable single contributions to the diagnosis.

With these facts in mind, the Canadian National Committee for Mental Hygiene undertook, in co-operation with the Board of Health and the Board of Education, to make a survey of one moderate-sized school in the city where every child in attendance might be given an exhaustive examination in the Binet-Simon Tests. Inspection of some of Toronto schools up to this time had shown that intelligence varied decidedly with the social status. In those schools, however, only limited numbers were personally examined, that is, only those children who were known to be considerably backward in their classes. Neither the children who were doing average work, nor those who were especially bright were put through the routine tests; hence no conclusion which might be represented in ratios and graphs could be formed as to the mentality of the children as a whole. Still, a comparative study of results in the lower grades indicated that the stock from which the children sprang could not be neglected in estimating the significance of mental variation.

In this school under survey 502 children were examined, from the Junior First to Senior Fourth,—the kindergarten excepted—and much supplementary information casting light upon special cases was gathered as a result of the intelligent co-operation of an excellent principal and a competent staff.

The Complete object of the Survey may now be stated:

I. To estimate the mentality of the school as expressed by the Intelligence-Quotient of the individual children.

II. To discover, by systematic groupings of the quotients, any correlations between mentality, social status, sex nutrition and other factors supposedly related.

III. To amass and systematise data which might later furnish ground for a thorough and consecutive programme of investigation into the efficiency of the children when they enter industrial life.

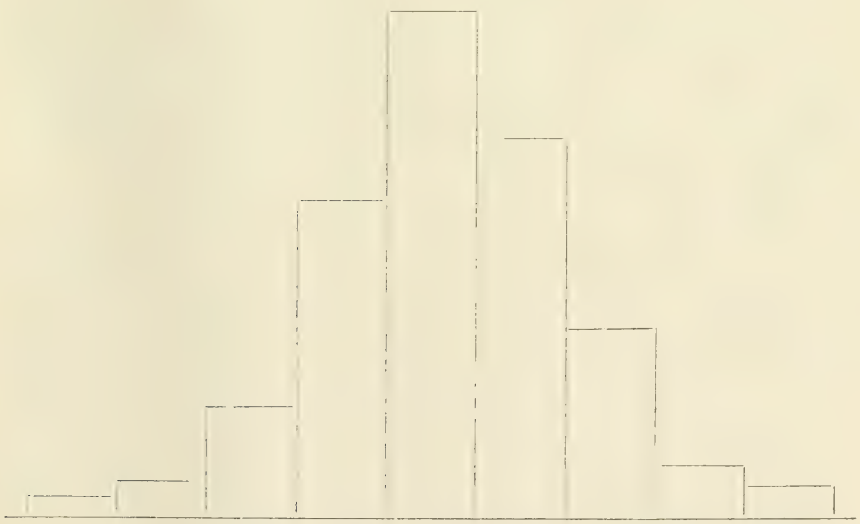
THE MENTALITY OF THE SCHOOL

Before proceeding with the main examination, the attempt was made to get a more definite idea as to the social character of the district in which the school was situated. The A. D. P. card of each child stating

the occupation of the father was secured, and a list compiled. If the father was dead, the occupation of the mother, or at least some brief description of her mode of living was asked for. Over thirty occupations were listed and these again classified into three main groups, not without difficulty on account of the vagueness of some descriptions of employment, but still accurately enough for broad divisions. The first class, mainly of day labourers, comprised 45% of the total; the second, artisans, employers, etc., made up 52%, while the professional class was represented by only 3%. The general impression formed was that the social environment was a little below the average. Comparisons in detail will be given later.

The mental examination was based on the Stanford Revision of the Binet-Simon tests. The chronological age of each child was reduced to months, and the Intelligence-Quotient obtained by the simple method of dividing the mental age, also expressed in months, by the former. This procedure was adhered to throughout. The quotients were afterwards taken and distributed. Table I, modelled upon the Stanford graph for the sake of comparison with a standardized result, shows the quotients distributed in ranges of ten with the middle group from 96 to 105.

THE STANFORD DISTRIBUTION



56-65	66-75	76-85	86-95	96-105	106-115	116-125	126-135	136-145
.33%	2.3%	8.6%	20.1%	33.9%	23.1%	9.0%	2.3%	.55%

TABLE I

46-55	56-65	66-75	76-85	86-95	96-105	106-115	116-125	136-148	165-175
.2%	.2%	1.4%	13.9%	26.7%	28.3%	19.7%	7.0%	.6%	.2%

Some interesting resemblances as well as differences may be seen in the comparison of this Table with the Stanford findings. The Stanford graph makes 77.1% of the children fall within the range of quotients from 86 to 115 and approximately 60% between 90 and 100. The present graph puts 74.7% between 86 and 115, a difference of only 2.4%. These results when grouped in ranges of twenty yield 55% between 90 and 110, making a difference of about 4% from those of Stanford.

So far as these zones are concerned, the resemblance is fairly close. The principal point of difference lies in the distribution of the quotients around the median which in the Stanford table is highly symmetrical. This symmetry is the natural result of an examination of a school in "a community of average social status, a school attended by all or practically all the children in the district where it was located."[1] If, however, the environment were below average one would naturally expect—provided there is a correlation between social status and intelligence—that more children would fall below the median line than above it, which is precisely the result found in the survey. For instance, we have 26.7% falling in the range from 86 to 95 as against 19.7% in the corresponding upper range; and 13.9% from 76 to 85 as against 7 from 116 to 125. That is to say, there is a greater proportion of retarded children within these limits than advanced children within the corresponding limits on the upper side of the median thus lowering the mentality of the school as a whole. The explanation of this fact must be sought in a study of the environmental findings stated at length in Section II,.

[1] Terman, "The Measurement of Intelligence," p. 52.

II. CORRELATION OF MENTALITY

(a) With Social Status.

The plan followed here was to distribute the quotients in ranges of five, below 90 and above 110 which represents the average zone; take the three above-mentioned social classes, and discover which class contributed most to mental defect and retardation, and which contributed the highest percentage of bright and advanced pupils. In this table, A stands for the professional class; B for the artisan group; and C for the unskilled laborers. Knowing the percentages of these classes in the school and their actual contribution to the different Intelligence-Quotients, simple subtraction would show how much above or below their normal share they are contributing. For example, the third line in Table II would read: The unskilled laborer-class C furnish 67% of the intelligence-quotients below 75, although they represent 45% of the total enrolment of the school. In other words, they contribute 22% (67-45-22) more than their proportionate share.

TABLE II

I.Q.	Class	Percent of I.Q.'s Contributed	Percent of Class found in School	Amount above proportionate percentage	Amount below proportionate percentage
75 and below...	A	0	3	..	3
	B	33	52	..	19
	C	67	45	22	..
76-80.....	A	0	3	..	3
	B	44	52	..	8
	C	56	45	11	..
81-85.....	A	2.6	3	..	4
	B	62	52	10	..
	C	35.4	45	..	9.5
86-90.....	A	0	3	..	3
	B	46	52	..	6
	C	54	45	9	..
111-115.....	A	0	3	..	3
	B	64	52	12	..
	C	36	45	..	9
116-120.....	A	0	3	..	3
	B	65	52	13	..
	C	35	45	..	10
121-125.....	A	15	3	12	..
	B	61	52	9	..
	C	24	45	..	21
126 and over...	A	29	3	26	..
	B	50	52	..	2
	C	21	45	..	24

A—Professional. B—Artisan. C—Unskilled.

The figures here are quite significant. The professional class furnish no mental defect at all and no retardation below 80; nothing between 86 and 90 and only 2.6 between 81 and 85 which makes an almost negligible quantity over the whole range. On the other hand they furnish 15%—five times their proportionate share—of those between 121 and 125, and 29%—nearly ten times their share—of the brilliant quotients over 125.

Class B furnish less than their share of defect and retardation in every group with the exception of 81-85, and in the upper grades they furnish more than their share, excepting the final group where their contribution is approximately normal.

Class C furnish 50% more than their share to mental defect (that is, 22 of 45 is slightly more than one-half), and more to the other subnormal groups with the exception of the 81-85 class; and in the upper grades their contribution is always less than their share, the difference amounting to one hundred per cent in the last two classes combined.

The results, as far as they go, indicate the effect of social status upon intelligence; whether the grounds are hereditary or environmental, or to some extent both, is another problem needing more data for discussion.

(b) With Sex.

TABLE 3

	Girls		Boys	
	No.	Percent	No.	Percent
46— 55	1	.4	0	0
56— 65	1	.4	0	0
66— 75	4	1.6	3	1.2
76— 85	36	14.0	34	13.8
86— 95	70	27.2	64	26.1
96—105	78	30.4	65	26.5
106—115	44	17.1	55	22.6
116—125	18	7.0	17	7.0
126—134	4	1.5	4	1.6
136—145	1	.4	2	.8
146—170	0	.0	1	.4
	257	100.0	245	100.0

Dividing the quotients in ranges of ten up to 145 and stating opposite the percentages, it may be seen that there is an almost uniform superiority in favor of the boys. The amount, however, is so slight—not more than .2% in any of the important groups—that any general deduction based on sex differences would be unwarranted.

(c) With Malnutrition.

The estimates in this comparison were based upon the chart for average height and weight measurements issued by the Department of Public Health, Toronto (Division of Child Hygiene), and used at the Nutrition Clinic of the Hospital for Sick Children. This chart was compiled, for the earlier years, from records made by Dr. L. E. Holt.[1] The school age figures were taken from the investigations of Boas, Burk, Bowditch, Porter, Emerson, Manny and others who undertook to mass the returns from the largest cities of the United States, in addition to "results made by the Metropolitan Life Insurance Company in their study of candidates for marking papers, and those of Greenwood which includes 350,000 measurements of English school children."[2]

Very little investigation has been carried out with respect to the relation between malnutrition and the distribution of intelligence. One important survey, however, was written up by Smiley Blanton, M.D. of the U.S. army on "Mental and Nervous Changes in the Children of the Volksschulen of Thier, Germany, caused by Malnutrition" (MENTAL HYGIENE, 1919). Over six thousand children between five and a half and fourteen years of age were examined. It was found that forty per cent of the children suffered "from malnutrition to such a degree as to cause a loss of nervous energy." But not more "than five per cent of the total school population had suffered injury to the nervous system such as to affect the intelligence permanently." This reduced percentage did not include children of superior stock and intelligence. Such children withstood the strain successfully. "Their school work dropped off because they did not have the nervous energy to keep going all during the day. But the mental abilities of these same children in the morning while they were fresh was apparently as good as ever." It was upon the lower levels that malnutrition had its greatest effect. "The feeble-minded, the border-line defectives and those classed as dull were affected and often permanently so by malnutrition of even a moderate severity. The feeble-minded drop to lower levels of intelligence. The border-line defectives became like the definitely feeble-minded, and the normally dull children became like border-line defectives."

Valuable as these conclusions are, nevertheless the question as to the connection between malnutrition and feeble-mindedness remains somewhat obscure. As a medical and biological problem it lies outside the scope of this report. It is, however, fairly well conceded that, although under-nourishment might and does account for some retardation in the

[1] "Diseases of Infancy and Childhood" (1917), p. 20.

[2] William R. P. Emerson, M.D., and Frank A. Manny, "Weight and Height in Relation to Malnutrition." Archives of Pediatrics, August, 1920.

B. T. Baldwin, "Physical Growth and School Progress." U.S.A. Bureau of Education, 1914.

intellectual alertness of a child, yet the bearing of malnutrition upon definite mental defect does not necessarily stand as a relation of cause and effect. The former factor may be a concomitant to be explained absolutely on other grounds.

The findings in this present Survey given in Table IV do indeed show than 75% of the children with an I.Q. of less that 70 were malnourished (that is, with ten percent or more of underweight), yet the small number of individuals in such a class is too limited a result upon which to generalize.

A glance at the other ranges will indicate that malnutrition is somewhat more prevalent amongst children with the lower intelligence level. That it is not constant may be seen by the fact that the children between 81 and 90 I.Q. show less of it than those between 101 and 110, while those between 91 and 100 do not differ from the higher ranges. The general impression formed by massing the results was that the real causes of defect, retardation, and acceleration must be sought elsewhere. The average Intelligence-Quotient for all those children of the school who were normal in weight, together with those who were over-weight, was 101, while for those who were under-nourished it was 98,—a comparatively negligible difference.

TABLE IV

Intelligence Quotient	Percentage Under-nourished
70 and below	75
71 — 80	31
81 — 90	25.5
91 —100	23.4
101—110	27.5
111—120	23.3
121 and over	23.8

As soon as the psychological examination was completed, an additional survey from the psychiatric standpoint was made by Dr. C. K. Clarke, Medical Director of the Canadian National Committee for Mental Hygiene. Two groups of children received special attention, those who were low in the intelligence scale, and those whose quotients ran over 125. An inspection of the nine cases below 75 I.Q. will show how closely connected are low grades of intelligence with physical stigmata and volitional aberrations.

THE GROUP BELOW 75 I.Q.

A. D. Age 7 years, 6 months. I.Q. 53, in Junior First. Teacher says "she does not learn anything though she comes regularly to school." Very defective palate; strabismus in left eye; stolid, expressionless face; participation in school exercises mechanical and imitative.

C. S. Age 14 years, 10 months. I.Q. 60, in Junior Third. "Does things by fits and starts." Defective palate; no advance in class though school attendance is good. Wretched home conditions.

B. S. Age 14 years, 11 months. I.Q. 70, in Junior Third. Tall; anaemic; cyanosis; was for some time in open air school; mother tubercular; depressing home life; school attendance good.

F. A. Age 11 years, 11 months. I.Q. 70, in Senior Third. Anaemic; nasal trouble; poor vision; inert; weak-willed; depressing home life. School attendance good.

H. A. Age 15 years, 2 months. I.Q. 70, in Senior Third. Glandular trouble.

D. H. Age 10 years, 1 month. I.Q. 74, in Senior Second. Anaemic; defective speech and vision; inert; weak-willed; good school attendance.

E. H. Age 14 years, 2 months. I.Q. 74, in Junior Third. Defective palate; heavy, lethargic face; lazy.

S. A. Age 8 years, 6 months. I.Q. 73, in Senior First. Defective palate; right eye blind; backward developmental history; baby ways; stubborn; home conditions fair.

An interesting family group are illustrated in the following four cases—three brothers and one sister.

B. L. Age 8 years, 1 month. I.Q. 78, in Junior First. Very narrow forehead; silly grin; baby ways; defective speech; home conditions somewhat below average.

F. L. Age 11 years. I.Q. 77, in Junior Second. Same type of forehead as B. L. Silly grin; defective palate; puts fingers in mouth with head tilted childishly to one side while answering questions; very slow.

T. L. Age 12 years, 9 months. I.Q. 85, in Junior Third. Dull.

S. L. Age 9 years, 4 months. I.Q. 89, in Junior Second; lethargic face; speaks in drawl.

On the other hand it would be interesting to compare this list with the second group examined.

The Group Above 125 I.Q.

P. A. Age 6 years, 5 months. I.Q. 143, in Senior First. Exceptionally bright; fine imagination; brilliant in all class subjects; affectionate, trustworthy; healthy; a very fine type of boy; good home.

W. A. Age 8 years, 10 months. I.Q. 138, in Senior Third. Bright, healthy boy doing excellent class work; fond of outdoor games.

W. B. Age 6 years, 9 months. I.Q. 137, in Junior First. Defective palate; "a bit restless"; good school attendance.

S. H. Age 12 years, 6 months. I.Q. 133; in Senior Fourth; alert; good attendance; good reasoning ability; reliable; healthy.

T. A. Age 11 years, 5 months. I.Q. 134, in Junior Fourth. Very intelligent; good attendance; well behaved.

C. H. Age 7 years, 5 months. I.Q. 130, in Junior Second. Defective palate; cyanosis; impulsive; good home conditions.

S. B. Age 8 years. I.Q. 128, in Junior Second; defective palate.

D. K. Age 7 years, 8 months. I.Q. 128, in Senior Fourth. Alert; industrious; good habits.

All of the children in this class were forging ahead in their work without undue strain and were, with a very few exceptions, healthy and vigorous and very much alert on the playground. Anyone could see that leadership in industrial and professional life lay strongly embedded in such promising types.

A Special Case

P. H. A case of extraordinary precocity. This boy was only 7 years, 5 months old, but had the surprising vocabulary of over 8,000 words, equal to the average accomplishment of a boy of 13 years of age. A few of his definitions may be given:

Civil—polite
Sportive—fond of play
Skill—you can do things well if you have skill
Dungeon—a cellar in the King's palace where they put Irishmen
Peculiarity—when anything is odd.

The 12th year group of tests were all passed with the exception of the reversing of the digits. The abstract terms were made clear not only by definition but by illustration. "Taking a man to court and sentencing him without a trial would be unjust." The ball and field test resulted in a fine spiral drawn from the gate. The dissected sentences were put in order almost as soon as they were seen, and each one of the five questions calling for similarities was satisfactorily answered.

In the 14th year group, two of the six questions were answered:—"The doctor came to the neighbor's home to try to make him well, the lawyer came to draw up his will which looked like the man was going to die, and the minister came to pray and have service." The third part was answered incorrectly for an instant:—"The man was riding astride a waggon." This was immediately changed to the correct reply,—"a bicycle."

It was probably in the fable tests where his responses were most brilliant. Every answer showed not only a facility in seeing the point of the story, but a capacity for generalization far beyond his years. He received an actual score of ten—the maximum credit—when eight would

have been sufficient for a pass, in this 15th year test. This was indeed the only test he passed in the average adult group, but by the time the examination was over he had actually climbed up to an Intelligence-Quotient of 175,—a score without a parallel in any of the schools examined up to date. The boy comes from a fine home, is well-mannered, affectionate and is on good terms with his playmates. He possesses, however, poor vision and other physical defects. Such a remarkable case of precocity stands in just as much need of special observation and care as one which shows a proportionate difference below the median line of Intelligence.

Aim of Survey

The final aim of the Survey was, as already stated, to obtain a body of results which might be useful in following up history over a period of years.

As Standardisation in the field of mental tests is a comparatively recent development in Psychology, there has not been much opportunity to study side by side, in statistical form, the industrial records of adults with the mental co-efficients of the same persons as children attending the public schools. A comparative inquiry into such results would be a factor, not only in increasing the efficiency of school methods but also in determining to some extent the selection of trades and professions, and would affect, reciprocally, the tests themselves.

This, obviously, would be a much more extended objective, but a vital one, if Intelligence-scales are to be placed on a wide practical basis and to be accorded a valuable social function.

JUNIOR I

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Bickle, Howard	84	Eng...	Can...	102	.....	.....
Thompson, Allan	72	Scot...	Can...	100	Abattoir	.....
Paupst, Earl	80	Can...	Can...	85	Laborer	.....
Leslie, Herbert	76	Can...	Can...	98	Janitor	.....
Hodgson, Arthur	79	Can...	Can...	89	Contractor	.....
Baird, Earl	80	Can...	Can...	100	Munitions	.....
Sherwin, Stanley	80	Can...	Can...	90	Clerk	Palate.
Eaton, Jack	79	Can...	Can...	94	.....	.....
Jarvais, Fred	94	Can...	Can...	94	Baggageman...	Defective speech and ears.
Locke, Leonard	75	Eng...	Can...	100	.....	.....
Andrews, Willie	74	Can...	Can...	108	Carter	Palate.
Frost, Fred	82	Can...	Can...	88	Machinist	.....
Hanzakos, Menelys	80	Grk...	Grk...	100	Candy seller	.....
Hoile, Robert	77	Ind...	Can...	99	.....	Palate.
McLelland, Oswald	78	.....	.....	98	.....	Palate.
Nash, Joseph	81	Can...	Can...	109	Com. Traveller	.....
Brown, Roy	79	.....	.....	94	.....	.....
Golding, Clayton	83	Can...	Can...	104	Storekeeper	.....
Davis, Herbert	82	Eng...	Can...	98	.....	Palate...
Sinclair, Fred	78	.....	.....	95	.....	.....
Wilby, Ernest	83	Eng...	Can...	92	Butcher	Palate.
McMaun, Wilson	86	.....	.....	90	.....	Palate.
Finnimore, Albert	85	Eng...	Eng...	90	.....	Palate.
Thompson, Arthur	80	Can...	Can...	96	Traffic Man.	Ears, nose.
Bromley, Arthur	95	Eng...	Can...	89	Machinist	Palate, ears.
Clay, Joe	106	Can...	Can...	80	.....	.....
Whitehead, Isabel	77	Eng...	Can...	122	Tailor	.....
Mason, Ruby	81	Eng...	Can...	101	Agent	.....
Wright, Mildred	76	Eng...	Can...	110	Agent	.....
Williamson, Edith	79	Eng...	Can...	106	Bricklayer	Palate; anaemic.
Mills, Marion	84	Eng...	Can...	101	.....	Palate; anaemic.
Blackstock, Laura	84	Can...	Can...	100	Mechanic	.....
Wakely, Fanny	81	Eng...	Can...	137	Butcher	Palate.
Manson, Velma	79	Scot...	Can...	106	Traveller	.....
Gillespie, Dorothy	74	Can...	Can...	97	Laborer	Palate.
McMaster, Jean	75	U.S...	Can...	99	C.P.R. man	.....
Irvine, Grace	79	.....	.....	84	.....	.....
Lee, Clara	84	.....	.....	81	.....	.....
Beard, Muriel	79	Eng...	Can...	84	Merchant	Palate.
Morton, Jennie	90	Eng...	Can...	53	Soldier	Palate, strabismus, stolid face.
Oakley, Lou	79	Can...	Can...	108	.....	.....
Madden, Jack	83	.....	.....	112	.....	.....
Davidson, Lyall	87	Can...	Can...	96	Traffic conductor	.....
Cocklin, Ernest	95	Scot...	Can...	83	.....	.....
Henderson, Fred	83	Scot...	Can...	94	Knife grinder	.....
Spicer, Audrey	79	.....	.....	106	.....	.....
Smith, Fay	99	.....	.....	97	.....	.....
McNair, Margaret	88	Irish...	Can...	91	Piano polisher	.....
Sougstaff, Mildred	97	Can...	Can...	76	.....	.....
Swan, Norma	90	Can...	Can...	93	.....	.....
Kirby, Doris	92	Eng...	Can...	94	Painter	.....
Reid, Aileen	88	Can...	Can...	82	Farmer	.....

JUNIOR I—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Walker, Marjorie	81	Can...	Can...	96	Engineer	
Glazier, Sadie	93	Can...	Can...	80	Laborer	
Glazier, Cassie	75	Can...	Can...	90	Scavenger	
Smith, Helen	75	Can...	Can...	100	Machinist	
Morris, Charlie	75	Can...	Can...	98	Housekeeper	
King, Isabel	85	Scot...	Can...	101	Baker	
Hugonnet, Gladys	77			106		
McLellan, Harvey	115			80		
Heaps, Ruth	90	Eng...	Can...	102	Decorator	
Hobson, Kathleen	85	Irish...	Can...	117		
Miller, Mary	106	Eng...	Eng...	80	Butcher	
Graham, Evelyn	78	Can...	Can...	118	Agent	
Anderson, Gladys	85	U.S...	Can...	100	Machinist	
McKechney, Jean	100	Can...	Can...	108	Grocer	
Rome, Allan	112	Can...	Can...	90	Grocer	
Amodes, Tony	115			100		
Duffy, Horatio	91	Can...	Can...	101	Carpenter	
Manson, Ed	92	Scot...	Can...	106	Traveller	
Fishbourne, Velma	86	Eng...	Can...	111	Trainman	
Douneely, Dorothy	88	Can...	Can...	123	Laborer	
Ritchie, Pearl	93	Can...	Can...	96	Barber	
Penny, Gordon	103	Can...	Can...	93	G.T.R.	
Morris, Benny	107	Eng...	Can...	99		
Price, Mona	89	Can...	Can...	138	Piano polisher	Enlarged thyroid.
Croney, Lillian	84	Can...	Can...	112	Carpenter	
Criggal, Allan	87	Can...	Can...	101	Stenographer	Ears.
Hall, Lora	86	U.S...	U.S...	98	Abattoir	
Mahoney, Jean	87	Can...	Can...	99	Salesman	
Aiken, Ida	87	Can...	Can...	85	Laborer	
Modeo, Samuel	91	Ital...	Can...	90		Ears.
Wellwood, Bennie	97	Can...	Can...	78	Laborer	Defective head; silly ways.
Seaborn, Herbert	97	Eng...	Can...	76	Car Inspector	Palate, silly grin.
May, Gordon	85	Can...	Can...	87	Storekeeper	
Robertson, Dorothy	84	Can...	Can...	90	Traveller	Palate, forehead.
Barry, Mabel	84	Can...	Can...	99	Constable	Palate.
Armstrong, Olive	84	Can...	Can...	83	Clerk	Palate.
Childs, Lavina	84	Eng...	Can...	114	Mechanic	
Ballantyne, Will	89	Scot...	Can...	93	Messenger	
Sanford, Leslie	87	Can...	Can...	97	Homekeeper	
Chalmers, Alex	91	Scot...	Can...	84	Homekeeper	
Seaborn, Harold	75	Scot...	Can...	96	Car inspector	Palate.
Doust, Vera	81	Can...	Can...	105	Yardman	

SENIOR I

Morris, Edward	100	Eng...	Can...	98	Homekeeper	
Buckler, Blanche	125			77		
Adams, Norma	97	Can...	Can...	99		Palate, glands.
Abbot, Albert	131			87		Palate.
Armstrong, Elsie	102	Can...	Can...	73	Clerk	Palate; right eye blind; tonsils; silly ways.

SENIOR I—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Broome, Norma	115	Can...	Can...	90	Laborer	Twitching of face.
Barnes, Clarence	110	Eng...	Can...	82	Laborer.	
Bunch, Agnes	96	Spain.	Can...	96	Elevator man	
Brooks, Earl	99	Can...	Can...	100	Laborer	
Douglas, Lillian	88			107		Palate.
Robertson, Emily	100	Scot..	Can...	90	Engineer	Speech.
Butter, George	108	Eng...	Can...	87	Plumber	Palate, ears.
Fisher, Alvin	85	Can...	Can...	122	Pattern maker	
Patterson, Harry	86	Can...	Can...	105	Painter	Palate.
McVeigh, Wm	105	Irish..	Can...	93	Machinist	
Wood, Bobbie	92	Can...	Can...	91	Merchant	
Wood, Billie	92	Can...	Can...	109	Merchant	
Wedgwood, Adell	93	Can...	Can...	99	Engineer	
Cocklin, May	110	Scot..	Can...	80	Homekeeper	Palate; lifeless.
Sleep, Irene	100	Can...	Can...	93	Caretaker	
Mitchell, May	96	Scot..	Can...	125	Manager	
Jenkins, Ruth	88	Can...	Can...	125	Foundry Man.	
Medland, George	77	Eng...	Can...	143	Shipbuilder	
Kreh, Dorothy	95	Can...	Can...	118	Shipper	Glands; anaemic.
Wood, Muriel	105	Eng...	Can...	107	Clerk	
Phillipps, Dorothy	86	Can...	Can...	114	Foreman	
Stephenson, Harold	91	Can...	Can...	119	Steamfitter	
Geddes, Borden	94	Can...	Can...	109	Cooper	Palate.
Miller, Billy	89	Can...	Can...	110	Traveller	Speech, palate.
Hutchinson, Albert	91	Eng...	Can...	115	Janitor	Palate; ears.
Fountain, Douglas	98	Can...	Can...	85	Miller	Palate; anaemic.
Fox, Arthur	115			84		
McGuffin, Lillian	103	Irish..	Can...	91	Druggist	Lame; infantile paralysis.
Wellwood, George	132	Can...	Can...	77	Laborer	Silly grin.

JUNIOR II

Williams, Teddy	113	Can...	Can...	86	R.R. conductor	
Austin, Leonard	89			130		Palate; cyanosis; vision.
Buchanan, Harold	122	Eng...	Can...	82	Machinist	
Dunning, Douglas	103	Can...	Can...	108	Inspector	Glands.
Drinkwater, Edward	117	Can...	Can...	84	Machinist	
Harrington, Dennis	92	Eng...	Can...	122	Engineer	Palate; ears.
Hoile, Fred	96	Can...	Can...	115		
Imrie, Alister	96	Can...	Can...	125	Clergyman	Glands.
Kelly, Delhert	103	Can...	Can...	117	Teamster	
Lee, Frank	116	Can...	Can...	91	Carpenter	
Newlove, Cecil	115	Jam...	Can...	90	Driver	Palate.
Pearce, Willie	108	Eng...	U.S...	102	Abattoir	Tonsils.
Rowntree, Kendal	96	Can...	Can...	114	Merchant	
Robertson, Stanley	120	Scot..	Can...	92		
Solman, James	104	Can...	Can...	105	Cust. officer	
Smith, Charles	96	Can...	Can...	128	Druggist	Palate.
Thompson, Campbell	103	Scot..	Can...	108	Inspector	Ears; cyanosis.
Thompson, Arthur	107	Can...	Can...	92	Traffic Conductor	Palate.

JUNIOR II—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Austin, Dorothy	105	.....	.....	105	.....	Palate; anaemic.
Arnold, Rita	111	.....	.....	96	.....	.....
Buckle, Evelyn	104	Eng...	Can...	104	Office manager	.....
Davis, Dollie	104	Eng...	Can...	98	.....	.....
Granfield, Winnie	112	Eng...	Can...	97	Painter	.....
Gillespie, Mildred	96	Can...	Can...	105	Civic employee	.....
Lewis, Celia	90	.....	.....	111	.....	.....
McMaun, Annie	108	Can...	Can...	98	Trainman	Anaemic.
McLelland, Jean	101	Can...	Can...	105	Trainman	.....
Pringle, Margaret	93	Can...	Can...	120	Contractor	.....
Smith, Margaret	120	Can...	Can...	95	Druggist	.....
Spicer, Winnifred	114	.....	.....	94	.....	Palate.
Stubbington, Gladys	107	Eng...	Can...	99	City storage man	Glands.
Trebell, Alice	119	.....	.....	90	.....	.....
Vedehave, Rita	128	Den...	Den...	84	.....	.....
Wellwood, Charlotte	112	Can...	Can...	89	Laborer	.....
Zinkie, Ida	117	Can...	Can...	92	Builder	.....
Waite, Eileen	106	.....	.....	104	.....	.....
Childs, George	131	Eng...	Can...	87	.....	.....
Elliott, Ethel	143	Can...	Can...	70	Booklender	Glands, left handed. Poor home conditions.
Losey, Gordon	137	Eng...	Eng...	76	Laborer	.....
Neill, Violet	125	Can...	Can...	94	Trainman	.....
Strachan, Jack	99	Can...	Can...	114	Jeweler	.....
Amodeo, Antonio	117	Ital...	Can...	102	Fruiterer	.....
Murphy, Cecil	121	Eng...	Irish..	74	Mechanic	.....

SENIOR II

Avery, Isabel	107	Can...	Can...	100	Abattoir	.....
Bell, Reggie	131	Eng...	Can...	86	Teamster	.....
Breakwell, Douglas	100	Eng...	Can...	106	Butcher	.....
Cummings, Norman	108	Scot..	Can...	107	.....	.....
Curlett, Leonard	103	.....	.....	107	.....	.....
Ferris, Donnell	134	Can...	Can...	80	Mechanic	Mother nervous; Ferris nervous type.
Daoust, Hazel	105	Can...	Can...	90	Yardman	.....
Hanzakos, Micholl	114	Greek.	Greek.	80	Candyman	.....
Heops, Dorothy	116	Eng...	Eng...	95	Painter	.....
Johnson, Leone	92	.....	.....	126	.....	.....
Jones, George	98	.....	.....	114	.....	.....
Kennedy, Kathleen	104	Can...	Can...	100	Foundry work	Palate.
Kessuer, Lillian	104	Rus...	Can...	109	Photographer	Cyanosis.
Medland, Myrle	102	.....	.....	109	.....	.....
Melhuish, Laura	92	.....	.....	123	Veterinary	.....
Newlore, Elsie	97	.....	.....	109	.....	.....
Randall, Bertie	127	Eng...	Eng...	87	.....	.....
Richards, Margaret	94	.....	.....	117	.....	.....
Robertson, Viola	104	Eng...	Can...	125	Butcher	.....

SENIOR II—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Simpson, Tom	130	.....	.....	125	.....	Epicanthus.
Spicer, Hazel	115	Eng...	Can...	95	.....	.....
Thurlow, Douglas	109	.....	.....	99	.....	.....
Wright, Hazel	114	Eng...	Can...	98	Laborer	.....
Hancock, Moffatt	89	Can...	Can...	170	Teacher	Lack of pigment, palate, nysagmus, ears.
Baird, Alex	114	Can...	Can...	87	Munitions	.....
Mills, Douglas	115	.....	.....	94	.....	Strabismus.
Fisher, Clifford	135	Can...	Can...	84	.....	.....
Kinnear, Russel	139	Can...	Can...	85	Foreman	.....
Lyon, Monica	135	Jam...	Can...	80	Factory hand	.....
Lattay, Beulah	132	Can...	Can...	86	Agent	.....

JUNIOR III

Murray, Allen	119	Can...	Can...	94	Garage man	.....
Robertson, Robert	144	Eng...	Eng...	92	Accountant	.....
Cook, John	140	Scot..	Scot..	88	Mechanic	.....
Doyle, Gordon	143	Can...	Can...	80	Agent	.....
Fitzgerald, Fred	147	Irish..	Can...	90	Barber	.....
Finnimore, George	127	Eng...	Can...	85	Laborer	.....
Kilpatrick, Grafton	113	Can...	Can...	108	Fruiterer	.....
McLelland, Laurence	120	Can...	Can...	118	Trainman	Palate.
Millar, Harry	103	Can...	Can...	105	Trainman	Palate.
Miller, Jack	140	Eng...	Eng...	83	Butcher	.....
Spicer, Douglas	137	Eng...	Can...	87	Fireman	.....
Sargent, Arthur	124	Eng...	Can...	110	.....	.....
Stogdill, Allan	128	U.S...	Can...	99	Manufacturer	.....
Strain, Eric	126	Eng...	Can...	94	Manufacturer	.....
Sherwin, Jack	104	Can...	Can...	99	Clerk	.....
Stark, Fred	143	.....	.....	86	.....	.....
Simpson, Fred	132	Eng...	Can...	110	Machinist	.....
Watkins, Charles	134	Can...	Can...	90	Housekeeper	.....
Dennis, Clara	126	Scot..	Can...	97	Carpenter	Palate.
Douglas, Evelyn	112	Can...	Can...	105	Machinist	.....
Faulkner, Marion	123	Eng...	Eng...	99	Blacksmith	.....
Hall, Audrey	101	U.S...	Can...	120	Carpenter	.....
Hall, Louisa	152	U.S...	U.S...	83	Laborer	Glands.
Lawn, Mabel	130	Eng...	Can...	90	Soldier	.....
Lamont, Ida	123	Scot..	Scot..	96	Trainman	.....
McLelland, Ilda	128	Can...	Can...	90	Trainman	.....
Montgomery, Annie	107	Can...	Can...	115	Tradesman	.....
Morris, Elsie	107	Eng...	Can...	93	Motorman	.....
Miller, Rose	124	Can...	Can...	85	Clerk	Palate, babyish ways.
Murch, Louise	110	Can...	Can...	107	Trainman	.....
Payton, Eliza	116	Eng...	Can...	96	.....	.....
Robertson, Marjorie	122	Can...	Can...	110	Trainman	.....
Russell, Edith	111	Eng...	Can...	103	Carpenter	.....
Smith, Dorothy	124	Can...	Can...	96	Laborer	.....

JUNIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Slack, Della	125	Can...	Can...	87	Farmer	Cyanosis, strabismus.
Warner, Rita	124	Eng...	Can...	94	Trainman	
Wellwood, Howard	153	Can...	Can...	85		
Thompson, Mary	137	Scot...	Can...	86	Ins. of sewage	Cyanosis.
Thompson, Edward	115	Can...	Can...	113	Mechanic	
Stunnell, Louisa	128	Eng...	Eng...	92	Painter	Palate.
Sherwin, Ella	152	Can...	Can...	90	Clerk	
Lafayette, Shelson	133	Can...	Can...	95	Trainman	
Shaver, Fred	127	Can...	Can...	91	Dairyman	
Ruggles, Burdette	123	U.S...	U.S...	87	Machinist	
Price, Thos	135	U.S...	Can...	113	Piano polisher	
Neill, Ada	172	Can...	Can...	70	Mechanic	Cyanosis, anaemic.
McConachie, Alice	152	Eng...	Eng...	97	Mechanic	Cyanosis.
McBride, Laura	127	Can...	Can...	92	Mechanic	
LcBarr, Valentine	120	U.S...	Can...	100	Mechanic	Cyanosis.
Loundes, Dick	109	U.S...	Can...	110		
Longstaffe, Olive	142	Eng...	Can...	84	Homekeeper	Untidy.
Keine, Jean	137	Can...	Can...	85	Moulder	
Kelly, Nelson	138	Can...	Can...	97	Engineer	
Hall, Fred	118	Can...	Can...	112	Mechanic	Palate.
Greene, Margaret	127	Can...	Can...	100		
Elliott, Kathleen	115	Can...	Can...	109	Salesman	
Cormack, Ross	121	Can...	Can...	93	Mechanic	
Bowen, Currick	119	Can...	Can...	106	Miller	
Beard, John	108	Eng...	Can...	115	Grocer	
Barry, Jean	117	Can...	Can...	104	Constable	
Anderson, Howard	107	Can...	Can...	119	Grocer	
Abbott, Albert	135	Eng...	Can...	94	Clerk	
Arnold, Mildred	142	U.S...	Can...	83	Polisher	Untidy, dull looking.
Butter, Gordon	113	Can...	Can...	103	Polisher	
Barnum, Clifford	123	Can...	Can...	100	Driver	Palate
Bailey, Myra	123	Can...	Can...	106	Grocer	
Brooks, Bernice	142	Can...	Can...	80	Driver	
Croney, Myrtle	150	Can...	Can...	81	Carpenter	Apathetic.
Conon, Annie	134	Eng...	Can...	92	Mechanic	
Davis, Myrtle	122	Eng...	Eng...	95	Soldier	Glands.
Duff, Aggie	178	Can...	Can...	60	Scavenger	Palate, cyanosis.
Fisher, Norman	106	Can...	Can...	108	Mechanic	Palate.
Fisher, Nevada	143	Can...	Can...	80		
Guthrie, Ida	129	Can...	Can...	90	Elevator man	
Goduin, Reggie	141	Eng...	Can...	98	Engineer	
Gillespie, Harland	168	Can...	Can...	81	Scavenger	
Geron, Donald	134	Can...	Can...	107	Carpenter	
Henderson, Ella	129	Scot...	Eng...	90		
Johnston, Helen	108	Can...	Can...	111	Trainman	Palate, tonsils.
Jacobs, Stewart	87	Can...	U.S...	87	Laborer	Cyanosis, skin disease.
Lohay, Wilfred	189	Can...	Can...	80	Agent	
Lohay, Joseph	161	Can...	Can...	88	Agent	Tonsils.
LeMothe, Fred	130	Eng...	Can...	93	Driver	
Laidlaw, Edith	135	Can...	Can...	85	Merchant	
McKechnie, Lloyd	134	Can...	Can...	93	Grocer	

JUNIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Morton, Nancy	106	Can...	Eng...	120	Trainman	
Ostrander, Kenneth	144	Can...	Eng...	83	Agent	
Patterson, Greta	130	Can...	Can...	101	Painter	Tonsils.
Pearce, Margaret	133	Can...	Can...	100	Mechanic	
Peacey, Pearl	134	Eng...	Can...	93	Tobacconist	
Reid, Lorne	127	Can...	Can...	97	Mason	Palate, dull face; thick lips.
Rowntree, Albert	114	Can...	Can...	109	Butcher	
Reid, Arthur	170	Can...	Can...	74	Mason	Palate, dull face; thick lips.
Robinson, Edna	144	Can...	Can...	90	Polisher	
Ritchie, Elizabeth	145	Scot..	Can...	90	Shipper	
Ritchie, Harry	144	Can...	Can...	88	Barber	
Sweavor, Verna	118	U.S...	Can...	105	Trainman	
Sanford, Josephine	143	Can...	Can...	88	Soldier	
Taylor, Marion	133	Can...	Can...	101	Trainman	Tonsils.
Tilling, Robyn	170	Eng...	U.S...	85	Manufacturer	Palate.
Taylor, Rita	119	Can...	Can...	100	Trainman	
Whitehead, Grave	106	Eng...	Can...	116	Tailor	

SENIOR III

Wilby, Teddy	127	Eng...	Can...	96	Butcher	Listless.
Piggott, Thelma	132	Can...	Can...	104	Fireman	
Payton, Mary	171	Can...	Can...	70	Machinist	
Osborne, Shield	123	Eng...	Eng...	109	Mechanic	Tonsils.
Murdy, Lila	137	Can...	Can...	107	Painter	
Morrison, Norma	149	Can...	Can...	97	Business man	
Maher, Bessie	112	Can...	Can...	126	Contractor	
Lewis, Arthur	117	Can...	Can...	106	Mechanic	
Harris, Donald	128	Can...	Can...	113	Business man	
Francis, Ivy	144	Welsh.	Welsh.	103	Laborer	
Davis, Elsie	135	Eng...	Can...	105	Soldier	Glands.
Davies, Gladys	138	Eng...	Eng...	96	Laborer	
Cameron, Helena	156	Can...	Can...	92	Dressmaker	Palate.
Allen, Elizabeth	142	Can...	Can...	86	Laborer	
Lawn, Clarence	182	Eng...	Can...	70	Piano-tuner	Glands, tonsils.
Adams, Willie	150	Can...	Can...	84	Traveller	
Brown, Evelyn	139	Can...	Can...	89	Clerk	
Barry, Earl	136	Can...	Can...	105	Policeman	Cyanosis.
Brown, Marion	159	Can...	Can...	93		
Donnell, Louise	156	Can...	Can...	112	Mechanic	Cyanosis.
Elliott, Howard	137	Can...	Can...	111	Clerk	
Hoodlers, Maud	153	Can...	Can...	85	Barber	
Heriot, Duncan	106	Can...	Can...	138	Trainman	
Hodgson, Cecil	147	Can...	Can...	98	Laborer	
Hobson, Jack	115	Irish..	Can...	117	Trainman	
Johnston, Wyatt	140	Can...	Can...	88	Carpenter	
King, Jennie	151	Scot..	Scot..	84	Baker	
Kirkpatrick, Clifford	150	Can...	Can...	108	Fruiterer	
Ludlow, Vincent	175	Can...	Can...	85	Tailor	
Lee, Jack	146	Scot..	Scot..	93	Mechanic	

SENIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Lillicrop, Rennie	159	Eng...	Can...	88	Drover	
Loundes, Eva	135	Eng...	Can...	91	Trainman	
Melhuish, Murray	166	Eng...	Can...	85	Veterinary	Palate, tonsils.
McRinstry, Annie	169	Irish..	Can...	90	Mechanic	
McVeigh, Mollie	153	Irish..	Irish..	94	Mechanic	
McDonnell, Evelyn	143	Can...	Can...	91		Palate.
Nigh, Fred	162	Can...	Can...	79	Polisher	Glands, apathetic.
Ostrander, Neil	169	Can...	Can...	92	Agent	
Owen, George	143	Eng...	Eng...	109	Cook	
Paupst, Ruby	156	Can...	Can...	82	Carpenter	Palate.
Reid, Reta	149	Can...	Can...	94	Soldier	
Robertson, Max	155	Can...	Can...	105	Mechanic	
Smith, Fred	139	Can...	Can...	123	Carpenter	
Staples, George	162	Can...	Can...	80	Carpenter	Palate.
Spencer, Hilda	158	Eng...	Can...	86	Foreman	Cyanosis, tonsils.
Sargent, Daisy	158	Eng...	Can...	84	Mechanic	
Tucker, Bartlett	136	Can...	Can...	109	Postman	
Williamson, Eve	129	Eng...	Eng...	106	Builder	Tonsils.
Wood, Jimmie	123	Can...	Can...	110	Storekeeper	
Wedgewood, Dorothy	181	Can...	Can...	78	Mechanic	Cyanosis.
Baird, Ernie	136	Can...	Can...	96	Agent	
Beard, Gordon	126	Eng...	Eng...	109	Merchant	Palate.
Brooks, Hazel	139	Can...	Can...	86	Laborer	
Clarke, Geraldine	128	Eng...	Can...	106	Mechanic	
Eaton, Richard	137	Can...	Can...	99	Engineer	
Gordon, Albert	148	Can...	Can...	97	Trainman	Palate, tonsils.
Grummond, Jean	149	Scot..	Scot..	100	Clerk	
Huizakos, Mary	161	Scot..	Can...	83	Merchant	
Henderson, Margaret	146	Eng...	Eng...	100	Plumber	
Hoile, Donald	132	Can...	Can...	99		Palate, tonsils.
Hoodlers, Edward	141	Can...	Can...	94	Homekeeper	
Lomax, Joe	171	Eng...	Eng...	84	Storekeeper	
Maher, Isabel	126	Can...	Can...	114		
Morrison, Blythe	128	Can...	Can...	111		
Mason, Olive	136	Can...	Can...	107	Agent	
Mason, Alfred	106	Can...	Can...	124	Agent	
Mills, Emily	140	Nfld..	Can...	94	Carpenter	Untidy.
Norris, Eddie	144	Eng...	Can...	106	Homekeeper	
Perry, Edgerton	148	Can...	Can...	100	Bookkeeper	
Phillips, Marjorie	116	Can...	Can...	119	Carpenter	Tonsils.
Ridgley, Minnie	144	Eng...	U.S..	101	Soldier	Palate.
Shaver, Sadie	144	Can...	Can...	99	Dairyman	
Slack, Mary	148	Can...	Can...	95	Laborer	
Sleep, Willie	156	Can...	Can...	93	Caretaker	Palate.
Snell, Ethel	131	Can...	Can...	100	Expressman	
Smith, Elizabeth	140	Can...	Can...	106	Druggist	
Stuart, Gilman	128	Eng...	Eng...	123	C.P.R. Inspec.	
Stunnell, Fred	138	Eng...	Eng...	96	Painter	
Trebell, Clemo (girl)	149	Can...	Can...	105	Laborer	Tonsils.
Wagner, Dorothy	136	Can...	Can...	91	Agent	
Wornsborough, Kate	166	Can...	Can...	80	Clerk	Tonsils.
Wilby, Dora	142	Eng...	Can...	92	Butcher	Palate.
Wright, Hilda	136	Eng...	Can...	96	Agent	

SENIOR III—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Porter, David	150	Can...	Can...	104	Abattoir	
Heaps, Herbert	156	Can...	Can...	100	Painter	
Rich, Charles	133	Can...	Can...	117	Carpenter	Palate.
Millington, Alfred	147	Eng...	Can...	101	Clerk	

JUNIOR IV

Coe, Pearl	180			81		
Curry, Greta	149	Can...	Can...	97	Farmer	
Clarke, Robert	132	Can...	Can...	115	Carpenter	
Rae, Grace	149	Can...	Can...	80	Dyer	Listless.
Copeman, Donald	133	Can...	Can...	115	Carpenter	
Hutchinson, Ed	153	Eng...	Eng...	100	Janitor	
Rich, George	180	Can...	Can...	85	Carpenter	
Rich, Gilbert	163	Can...	Can...	91	Carpenter	
Ruggles, John	152	U.S...	U.S...	112	Mechanic	
Breakwell, Frank	156	Eng...	Can...	109	Butcher	Tonsils.
Glass, Tommy	156	Eng...	Eng...	93		Tonsils.
Gregory, Russell	171	Can...	Can...	102	Tradesman	
Hodgson, Frank	171	Can...	Can...	90	Contractor	
Hillock, Harold	160	Can...	Can...	93	Butcher	Palate.
Haines, Russell	182	Can...	Can...	90	Driver	Palate.
Kimber, Edith	152	Eng...	Eng...	101	Blacksmith	
Lemon, Harry	166	Can...	Can...	101	Agent	
McBride, Wendell	169	Can...	Can...	106	Mechanic	
Smith, Myrtle	175	Can...	Can...	87	Carpenter	Dull face.
Sherwin, Godfrey	174	Can...	Can...	86	Clerk	
Speer, Dorothy	142	Can...	Can...	101	C.P.R. Inspec.	
Powell, Mabel	162	Eng...	Eng...	95		
Broom, Irene	148	Can...	Can...	92	Laborer	
Stunnell, Herbert	162	Eng...	Eng...	83	Painter	Palate; dull, untidy.
Bunch, Pearl	157	Scot...	Can...	93	Elevator man	
Wood, Margaret	147	Can...	Can...	109	Merchant	
Wright, Doris	136	Can...	Can...	107		
Bunch, Lillian	142	Scot...	Can...	100	Elevator man	Palate.
Butler, Mabel	158	Eng...	Can...	109	Plumber	Palate.
Barnum, Rose	161	Can...	Can...	88	Chauffeur	
Hutton, Walter	152	Eng...	Can...	111	Booklender	
Simpson, Herbert	156	Eng...	Eng...	103	Mason	Palate.
Shore, Eileen	158	Can...	Can...	101	Tailor	
Ashman, Pearl	166	Eng...	U.S...	85	Laborer	
Bowen, Edwin	144	Can...	Can...	109	Miller	
Coxon, Sadie	148	Eng...	Can...	97	Laborer	
Sossan, Bernice	171	Can...	Can...	82	Engineer	
Cheeseman, Ethel	150	Eng...	Can...	101	Clerk	Tonsils.
Dennis, Robert	145	Scot...	Can...	105	Mechanic	
Fisher, Beulah	139	Can...	Can...	108	Patternmaker	
Fisher, Lionel	152	Can...	Can...	98	Patternmaker	
Gregory, Doris	147	Can...	Can...	98	Advertiser	
Holison, Eddie	152	Irish...	Can...	114	Motorman	
Heriot, Marjorie	136	Can...	Can...	114	Conductor	Tonsils.

JUNIOR IV—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Hoile, Dorothy	159	Can...	Can...	98		
Harris, Noris	156	Can...	Can...	108	Abattoir	
Island, Mary	169	Can...	U.S...	106		
Jarvis, Florence	146	Can...	Can...	90	Trainman	
Kirby, Cecil	151	Can...	Can...	105	Painter	
Kennedy, Madeline	161	Can...	Can...	97	Mechanic	
Lamond, Hazel	134	Icel'd.	Can...	134	Carpenter	Tonsils, palate.
Le Barr, Eunice	156	Can...	Can...	108	Mechanic	
Murray, Edith	116	Scot..	Can...	116	Engineer	
Murch, Jack	128	Can...	Can...	111	Engineer	
McDermott, Florence	178	Can...	Can...	92	Mechanic	
Perry, Reggie	144	Can...	Can...	108	Clerk	
Parker, Edna	144	Can...	Can...	107	Engineer	

SENIOR IV

Snider, Stuart	152	U.S...	Can...	91	Homekeeper	Palate, listless.
Imory, Jack	154	Can...	Can...	96	Clergyman	
Thompson, Dorothy	150	Eng...	Can...	100	Carpenter	Palate, cyanosis.
Breakwell, Ralph	132	Eng...	Can...	128	Butcher	
Brown, Mina	173	Can...	Can...	91	Grocer	
Blackstock, Evelyn	170	Can...	Can...	103	Mechanic	
Coxon, Ernie	182	Eng...	Can...	84	Mechanic	
Douglas, Florence	156	Can...	Can...	107	Printer	
Edmonds, Ruth	151	Can...	Can...	99	Engineer	
Guthrie, Eleanor	161	Can...	Can...	106	Elevator man	
Harrison, Norman	171	Can...	Can...	104		Tonsils, glands.
Loundes, Elsie	166	Eng...	Can...	94	Train Conduc.	
Morrison, Grace	175	Irish..	Can...	84	Farmer	
Winkler, Dora	158	Can...	Can...	93	Laborer	
Spicer, Louise	156	Eng...	Can...	95	Soldier	
Ross, Ruby	156	Can...	Can...	97	Grocer	
Cassan, Ruth	151	Can...	Can...	111	Engineer	
Anderson, Ruth	144	Can...	Can...	120	Grocer	
Bibbee, Edith	143	U.S..	U.S...	124	Foundry	Palate.
Bibbee, Isabel	165	U.S...	U.S...	116	Foundry	
Buckner, Eric	171	Can...	Can...	104	Traveller	
Clarke, Alfreda	184	Can...	Can...	94	Agent	
Clarke, Marion	194	Can...	Can...	104	Agent	
Croome, Leonard	166	Can...	Can...	101	Dentist	Palate.
Crowther, Winnifred	184	U.S...	Can...	87		
Colverley, May	192	Can...	Can...	82		
Dingwell, Lexa	163	Scot..	Irish..	106	Seedsman	Tonsils.
Dulmadge, Norman	183	Can...	Can...	93	Mechanic	
Fieldhouse, Ronald	148	Can...	Can...	120		
Glass, Audrey	175	Eng...	Eng...	102		
Hill, Willie	165	Eng...	Eng...	121	Traveller	
Henderson, Eliza	182	Scot..	Eng...	99	Plumber	
James, Eva	160	Eng...	Can...	105	Paperhanger	
Kelly, Edna	198	Can...	Can...	84	Engineer	
Langford, Kenneth	157	Can...	Can...	105	Miller	
Levack, Sinclair	157	Eng...	Can...	115	Office Manager	Tonsils.

SENIOR IV—continued

Name	Age in mos.	Nationality		I.Q.	Occupation of Father	Stigmata
		Par'nt	Child			
Mares, Florence	157	Eng...	Can...	106	Carpenter	Cyanosis.
Marks, Lawrence	159	Eng...	Eng...	105	Painter	
Mason, Freda	157	Eng...	Can...	102	Agent	
Murray, Marjorie	180	Can...	Can...	80	Moulder	
Moffatt, Baden	150	Can...	Can...	133	Teacher	
Pursley, Louis	158	U.S...	Can...	98	Supt. of C.P.R.	
Price, Annie	192	Can...	U.S...	93	Piano polisher	Palate.
Powell, Francis	190	Eng...	Eng...	86	Baker	
Ridgley, Harry	164	Eng...	U.S...	102	Soldier	
Shore, Ella	181	Can...	Can...	89	Tailor	
Thompson, Helen	165	Scot..	Can...	102	Abattoir	
Thompson, John	145	Can...	Can...	116	Grain Inspector	
Wilby, Della	164	Eng...	Can...	103	Butcher	
Willet, Isa	192	Can...	Can...	90	Mechanic	

VANCOUVER'S SUB-NORMAL PROBLEM

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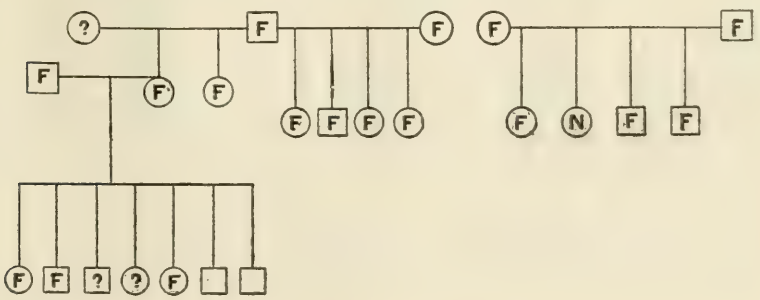
IN a cosmopolitan city like Vancouver the visitor's attention is immediately challenged by the nationalities represented on its streets. Chinese women in native costume touch elbows with gaily decked Serbians in theirs. Hindoos with many coloured turbans, Russians, Turks, Italians and Greeks jostle the hardy Scotchman, the dignified Englishman and the quick-tempered Irishman on the crowded pavements of the city. But whatever country claims the parents' patriotism, their children are Canadian born—Canadian citizens in the making and "Education" and "Canadianization" are the magic keys which will make of these little ones the backbone of our Dominion. Visit one of our schools and the little representatives of every country under the sun gaze into your face, eager for knowledge, alive to the world's unrest, thankful for a peaceful land and ready to shout with our own boys and girls, whose ancestors have been Canadians since Confederation and long before,

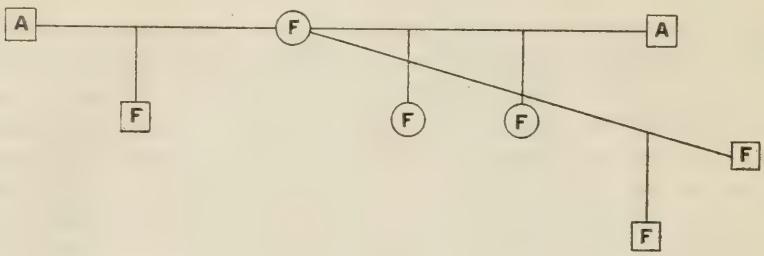
"And prosper Canada from shore to shore."

What a responsibility rests upon our teachers to use the tender years to instil lessons of morality, temperance, patriotism, courtesy and industry, that these children of foreigners may grow up into good Canadians. We have opened wide the gates and allowed free access to our lands, our industries, and wealth, and alas! not once but many times our trust has been betrayed. Here we see two brothers from sunny Italy, lazy, degenerate, dissolute and mentally deficient; no challenge halts them; the port of entry is not barred—Canada is theirs for the taking. Within twenty years gaze on their family charts.



In one family six feeble-minded children and the second generation already clogging our educational system; in the other, one degenerate girl spreading vice and disease and two little juvenile delinquents to break the heart of the normal sister-home-maker.

Or look at this feeble-minded English woman we have allowed to enter.



Within ten years four feeble-minded little citizens swell the population and the mother applies for a "mother's pension." Do we not prove our own mentality by allowing to enter our fair land this degenerate stock of foreign countries? Will our people never awake to the need for Physical and Psychological examinations at the port of entry, that such undesirable citizens may be returned and cared for in the country of their birth? Unwise immigration, heredity, disease, accident, etc., are responsible for much of the backwardness and defect found in our schools to-day.

Realizing the right of these children to an "education suited to their needs," knowing that they were not getting it, and feeling moreover that they were hindering the regular work of the class room by absorbing too much of the teacher's time with but little, if any, result, the Vancouver School Board of 1917 decided to establish a Psychological Clinic. For six years previous to this, the Board had maintained two classes for low grade defectives, most of whom were imbeciles. Under the mistaken idea that they might be taught some form of unskilled labour by which they might be made self-supporting the teachers of these two classes (one, the writer of this article, the other our present Psychologist) laboured to instil the principles of the most menial tasks, only to find them forgotten or disregarded. Slowly it dawned upon us that these children in our care would never be able to earn a living, were institutional cases and only under permanent custodial care would they be safe and happy. Looking back on those six years the benefits derived from them might be summed up thus:

1. The segregation of the imbeciles from regular grades.
2. The knowledge gained of their needs, mental equipment and how to use it.

3. The education of the Public through pity and sympathy of all who came in contact with them, which, in time, bore fruit.

When, therefore, the Provincial Government opened a custodial cottage for the care of low grade cases of mental defect, the Vancouver School Board decided to close these classes, which it had most humanely cared for, and turn its attention to the higher forms of mental defect, the Moron problem, realizing its menace if neglected, and its possibilities of training good citizens if suitable education were applied from an early age. Accordingly in February, 1918, a Psychological Clinic, consisting of a Clinician and an Observation Class, was established in the School Board Building for the purpose of studying all types of mentality, varying from the normal. The super-normal child, the sub-normal child, the child with speech defect, the Psychopath, the cripple, the pre-tubercular, each need special educational privileges in the school world and sad have been our failures in the past, through inability to realize that "all brains were not run in one mould." Why waste the precious youth of the brilliant pupil by compelling him to wait for the ordinary child to complete the grade's work? Why waste the teacher's time drilling the sub-normal child in that which would be of no earthly use to him? Why compel the cripple and one pre-disposed to tuberculosis, to suffer for lack of an education when chairs could be made to fit the crippled bodies and open air classes would produce a healthy citizen.

With the hope then of caring for by far the largest group, that of the sub-normal, the Psychological Clinic planned its first work.

Every intelligent teacher is bound to judge the mentality of her pupils. This is proved by her "A," "B" and "C" classes and it is usually her "C" class that demands all the patience and teaching ability she can bring to the task of teaching them. And yet when the offer is made to test these backward ones in an effort to find out why they are so dull, the long-suffering, conscientious teacher usually holds back. She would rather struggle on than destroy his chance of a general education. Until assured that the full responsibility must rest on the Clinic, whose only desire is to seek the cause of the child's retardation and remove it if possible; that only a small percent of those examined would be found definitely feeble-minded, and that while many of them might be found potentially so, the Clinic's recommendations for them would be along the line of their best interest for life in the world beyond school days, then only will she consent to hand in the names of her retarded pupils to the Principal.

Occasionally a teacher refuses her names and then one of the now numerous group tests is used with the whole class, which very quickly determines those who fall below the average of the grade. Having ob-

tained his list, the Principal states the case to the municipal inspector, who instructs the Psychologist as to which schools are asking for help. As soon as she can attend to the case the Principal is notified of the days she will be in his building, and each child on the list is given either the Goddard or Terman Revision of the Binet-Simon Scale. Those who are found to be two or more years retarded are taken to the Observation Class on an appointed date for further examination. Those who are found to be one to two years retarded are re-tested every six months and carefully watched; those less than a year retarded are sent back to the classroom with possibly some recommendation to the teacher regarding some quality of the child's mind brought out by the test which may be used to arouse interest in the grade's work.

The two year or more retarded are kept in the Observation Class from three to five days, while the Observation Class teacher tests to find his pedagogical standing, the exact point in each study at which understanding has ceased, and at the same time is closely observing all his re-actions both in work and play. Puzzles, games, toys and building material are used. She observes that he can learn the mechanics of arithmetic, but when he gets problems, his reasoning ability is nil; that he can read, but beyond simple stories he fails to understand; spelling he can do if memory is good. History and Geography he understands very little of. In play he is never the leader, usually his playmates are younger than himself and he "bullies" them, or more often they "boss" him. Sometimes he displays exceptional ability along manual lines. At the same time the Psychologist is studying intensively his powers of attention, concentration, memory, ability for work, muscular co-ordination, visual, auditory and motor control, reasoning and judgment and suggestibility. A clinical report is then prepared for each child studied and his work and tests, together with recommendation as to the best course of study, filed in separate folder for reference at any time. Each child is also given a thorough physical examination by the School physician. Of 393 cases so studied during the last two and a half years 307 recommendations were made to Special Class and 30 to the Provincial Institution for the mentally deficient. Of those sent to Special Class 265 is the total cared for to date, and of those sixty have left the classes, either to go to work, leaving the city or some other legitimate reason, so that at the end of 1920 we have fifteen classes caring for 205 sub-normal pupils—fifteen trained teachers and two manual training instructors on the staff, full time.

Special Classes

The pupils of special classes are all two or more years retarded and are not placed there with any hope of ever re-entering regular grade work.

As one teacher says "That is possible, but not probable." Rather we feel that his talents lie in a different direction; that the stress should be laid on manual, muscular and physical training, with the aim of a trade for a life work. Given this knowledge to start with and a moderate amount of supervision for a few years until working habits are well established, a sub-normal youth is not badly started on life's highway and often gives a good account of himself in the working world. Equipped with a knowledge of the Psychology of the Sub-normal, with extraordinary gifts of patience, originality and sweet temper, and a thorough dependence on the clinical report for each child, the special class teacher and the pupil start on the basis of mutual understanding. She does not expect him to do what he is incapable of doing; she strives for his happiness first. The child finds a place where, in certain things he can shine; a most natural desire, in which he has always been thwarted by boys much more clever than he; but here he can make something which these same boys envy him for. (Boys in the regular classes have been known to deliberately cipher, spell and read in an incorrect and slovenly manner in order to get into special class, after seeing the handwork.) It is true the "three R's" are still taught but in such a different way. Instead of being the most necessary things they have a secondary importance, and the emphasis is placed on "Habits," personal habits, moral habits, work habits, etc., for on "habits" well grounded the future life of these children will depend. He finds credit given for cleanliness of person and clothing, for play in the open air, for not drinking tea or coffee, and oh! wonder of wonders! credit for trying to be kind and helpful to others. Rewards for every effort, praise for every act of helpfulness or unselfishness and a spirit of toleration in regard to small offences, which makes the pupils live together, as a preparation for life in the larger world outside the school room.

A store of empty cartons, boxes, bottles, etc., provides the means for practical buying and selling, making bills, getting change, etc. Of course this requires some drill work which is usually instilled by means of games, races, etc., and the multiplication table, for instance, formerly such a bugbear, becomes only fun. If they master this course in "arithmetic," what more will they need for the every day affairs of life?

Oral spelling, we have discarded, but spelling becomes a game too, when you are racing with the other members of your class to see how many words you can remember, just by looking, breaking up into syllables, erasing and writing, erasing and writing, until it cannot fade from memory. It too has become a "habit."

Reading is correlated with the day's work and taken from any available source, understanding being essential. Dramatization is enjoyed by all. History and Geography are taught orally by means of stories and

games. But these are not the essential things in this new class as they were in the old. It is in DOING not learning that he can show his ability, and in Basketry, Carpentry, Toy-making, Beaten Brass, Brush-making, and Rug-making he spends many hours, learning life's lessons in reliable workmanship. The girls do Basketry, Rug-making (braided, hooked or woven), knitting, crocheting, garment making from patterns, etc., and in working separately or on a "community piece" are disciplined and trained for life's battles. Physical training for the correction of bad habits of posture, etc., also has a good share of attention and games, ladder-stunts and folk-dancing do more to improve the little bodies than hours of uninteresting drill.

SPECIAL CLASS TIME TABLE

Time	A	B	C	D
9.00 to 9.15	..... Opening exercises.			
9.15 to 9.30	Morning talk on subject of day's work.			
9.30 to 10.00	Manual work in cutting, painting, pasting, crayons, etc.			
10.00 to 10.30	Correlated with previous period.	Arithmetic.		
10.30 to 10.45		Written language.	Spelling.	
		Recess		
11.00 to 11.15		Spelling.....	Written work or memory work.	
11.15 to 11.45	Reading correlated with morning work.			
11.45 to 12.00		Corrective physical drill.		
		Lunch		
1 15 to 1.20		Roll call and weather observation.		
1.20 to 1.50	Dramatization, story, game, geography or history (oral).			
1.50 to 2.00	Singing, folk-dancing, or physical drill.			
2.00 to 3.10	Manual work, bench, clay, weaving, sewing, basketry, knitting, toy-making, etc.			
3.10 to 3.15	Cleaning up and closing exercises.			

Such is the special education given to those recommended by the Psychological Clinic as those whose mental equipment will never enable them to earn a living by "brainpower" and therefore need muscular training from childhood. We have already proved that it can do a great deal towards training these pupils so that they may go to work; but we shall have failed if we do not go further and give them a Trade School into which they can graduate as normal children graduate into a High School and be taught one trade thoroughly and well. It is the only logical conclusion for Special Class work, and we look hopefully forward to its early fulfilment. In the meantime, as pupils leave our classes, and through stress of family conditions are compelled to work even at the early age of fourteen, they come under the care of our Social worker, whose valuable and reliable work both the Clinic and Special Classes have learned to depend upon. To the Clinic, in getting family histories, making out charts of hereditary defect, getting imbeciles into the Institution, etc., and to Special Classes, in investigating factory conditions, mills, laundries, etc., for suitable positions where a sub-normal boy or girl would be given a fair chance. With a list of managers and foremen

willing to try them, she starts each boy or girl in a position such as they have proved their ability in the classroom to hold. She follows them up with tactful advice as to money matters, board at home, saving and spending, amusements, etc., for with their inability to reason they must always turn to someone for advice, and WE have become a habit. Naturally they turn to us in every difficulty. As one of our girls said when she had cut the ends of her fingers off in the canning factory, "We don't know nothin' like other folks." The poor little Italian immigrant knew enough, however, to keep the phone busy until she found her social service friend in order to get compensation for her injury from the Compensation Board. Most of our pupils, through careful placing are turning out as well as we can expect, although it is much too early to make any prediction of success. Furniture making, chocolate dipping, simple piece work in factories, book-binding, mechanical dentistry, errand boys, dress-making and house-work, have furnished employment for our pupils thus far. But remember they are only partially prepared. With a Trade School we could send them out with a thorough knowledge of some form of labour, however lowly, and feel that always they were equipped with a "Habit" which would keep them supplied with a means of livelihood.

Now a word as to the cost of these classes. Special classes cost more to equip than the regular classroom. In the first place there are only fourteen pupils and the teachers are paid more than regular teachers. Each room has small tables and chairs in addition to eight or ten desks and four manual training benches. Tools are expensive and material for handwork is a big item of expense. Each year, however, we hope to turn back into stock an increasing amount from the sale of our baskets, rugs, toys, etc. This year gramophones and foot-balls have been purchased and substantial amounts toward sewing machines. We feel however that the cost of any work is small, when viewed in dollars and cents, which is a preventative of pauperism, vagrancy and crime.

In conclusion, let me refer once again to the Immigration problem in regard to mental deficients. I feel strongly that we are allowing too many of these to slip past our gates. At the end of 1920, after two and a half years of work Vancouver is caring for 205 sub-normal pupils, about 3% of the number of pupils in schools surveyed. A recent survey of the nationalities of these reveals this list:

Canadian	35.0%	
English	27.0%	(Born in the Old Country)
Scotch	10.0%	
Irish	3.8%	
American	7.5%	
Italian	6.2%	
Other countries	10.5%	

The group is still too small to make any comments upon. But it surely serves to show that with the influx of immigrants expected in the Spring, we need careful testing and selection. Canada can and will care for her native born unfortunates. But if we are to maintain a high standard of Canadian manhood and womanhood vitally active and alert to uphold our Dominion's prestige and honour among the Nations, we must guard our shores from the Immigrant mentally and physically sub-normal.

THOUGHTS ON PROBLEMS ARISING IN CONNECTION WITH THE TREATMENT OF THE INSANE

THE medical profession will easily recognize the advisability of revision and change in the present law as it applies to the question of insanity; more particularly in reference to the ease with which it may be employed by relatives who desire to obtain the freedom of an asylum patient. It is not difficult for any of us to recall instances of patients formally committed to asylums who have been released after a short period of confinement, and have more or less promptly attempted, or even succeeded, in committing some terrible crime, the result of their insane ideas. The history is usually the same. The patient has suffered from a monomania or a paranoiac form of insanity and has improved somewhat under treatment during confinement, although considered by the hospital authorities as by no means cured. The solicitations of relatives who promise to be responsible for the patient secure his release. If this release were not so given, habeas corpus proceedings would very soon secure it. But what to an alienist is a serious and sometimes dangerous symptom, may to the uninitiated appear merely as an idiosyncracy, and thus the relatives' shouldering of responsibility may be no protection to the public. It is not as simple a matter as it might seem to draw up laws which with justice to all would obviate this danger. Where relatives wish to act against the judgment of hospital authorities, the decision of a committee of experts would be more reliable than that of a judge of one of the civil courts.

Our attention has also been drawn to a change in the law which has recently come into effect in the Province of Quebec, which cannot but be considered as not only undesirable, but even a positive step backward. No individual who is insane can be asked to stand a trial. Formerly, in the Quebec Province, in a criminal case, if any question of the sanity of the prisoner arose the Superintendents of the hospital for the insane, as Government officials, were called in, and after sufficient examination and observation gave their opinion by which the action of the court was guided. But now this is changed, and the Attorney-General has decided that the burden of proof of insanity is on a criminal who pleads that insanity. Thus one can see the possibility in the future of a Thaw trial in this province with all its distasteful revelations and obnoxious publicity—to say nothing of the injustice to a prisoner really suffering from mental disease. Why was the change made? Certainly

one would not suggest that the Superintendents of our asylums were lacking in experience, and, being paid by the Province, they would surely be more likely to be unbiased. These points, I believe, were not questioned, but I am informed that these men sometimes made as much as $1,000 a year above their salary in this sort of work, and it is thought to be too much. We advocate economy, but the salaries of the Superintendents of Asylums are not so generous that an extra $1,000 or $2,000 should be weighed against the huge expense to the Province, and the undesirable notoriety of a local Thaw trial.

Editorial—C.M.A.J., April 1921.

NOTES AND NEWS

THE AIMS OF MENTAL HYGIENE

"To stem the tide of syphilis, to wage war on alcohol, to counsel against marriage of defectives, to generalize the insane hospitals, to specialize the general hospitals, to weed defects out of general school classes, to open out the shut-in personality, to ventilate sex questions, to perturb and at the same time reassure the interested public—these are infinitives that belong perhaps in a rational movement for mental hygiene. They are things that the past has taught us more or less clearly to do and in that sense the movement for mental hygiene is surely not much more than the elaboration of the obvious." E. E. SOUTHARD.

CARE OF DEFECTIVES MOST IMPORTANT CHARITABLE WORK

"In the whole group of organized charities there is no department which promises a higher return for time, thought and money expended upon it than the department of mental deficiency. Such expenditures will accomplish more for advance in education, general morality and peacefulness and happiness in the community, than in provision for any other of the State's dependents. It is the most frequent dependent class that we have, and yet it is the class most neglected."—DR. PEARCE BAILEY, Chairman, New York State Commission for Mental Defectives.

CANADA

The Social Service Council of Quebec, through its Secretary, the Rev. Gordon Dickie, is arranging for a series of conferences to be held throughout the Province of Quebec during the coming summer.

These conferences will include illustrated lectures, by Prof. W. D. Tait, on "Treatment of Defectives," and by Rev. Gordon Dickie, on "Treatment of Delinquents."

Dr. E. M. Miller, Professor of Psychology, University of Tasmania, who has been touring the North American continent for the purpose of preparing a report on Mental Hygiene for the Australian State Government, was a guest of the Canadian National Committee for Mental Hygiene during his stay in Toronto.

Mr. N. L. Burnette, Director of Occupational Therapy and Vocational Guidance for the Canadian National Committee for Mental Hygiene, represented the Canadian National Committee in the Health Week Campaign in New Brunswick. Mr. Burnette spoke in St. John, Moncton, Campbellton, Bathurst, Newcastle, Chatham and Sackville.

The Montreal Industrial Institute for Epileptics, which was incorporated in 1920, largely through the efforts of Dr. A. G. Morphy, has been doing valuable work in the treatment of persons suffering from epilepsy. It has been clearly proven that occupational therapy reduces the number of attacks, which these patients have, to a minimum. The Institute has been working under adverse circumstances, but this year it is expected that larger and better accommodation for the patients will be obtained. With the assistance of Mr. Norman Burnette. Director of Vocational Therapy, Canadian National Committee for Mental Hygiene, a broader and more useful course in occupational therapy will be inaugurated.

The Quebec Government has decided to permanently engage a Social Worker in connection with the Verdun and St. Jean de Dieu Hospitals, Montreal. For two years the salary of this Social Worker was paid by the Canadian National Committee for Mental Hygiene, as a demonstration of the value of such work. During that time, the Social Worker saved the Quebec Government thousands of dollars by enabling the hospitals to parole patients who would otherwise have had to be kept in an institution.

Dr. F. E. Devlin, Medical Superintendent, St. Jean de Dieu Hospital, Montreal, has been appointed psychiatrist to the Courts of the Province of Quebec. His duties will be to examine all persons, under the jurisdiction of the courts, who are suspected to be suffering from any mental abnormality.

It is expected that a Psychopathic Hospital, in connection with the University of Toronto, will be built this year. The site chosen, which has been donated by the Province of Ontario, is in close proximity to the Toronto General Hospital and the University. The City of Toronto is providing the funds for the construction of the building.

The Rockefeller Foundation, in their gift of $1,000,000 to the Universities of McGill and Toronto, stipulated that each of these Universities should build a Psychopathic Hospital.

It is expected that, within a short time, McGill University will announce the site for the Psychopathic Hospital and its determination to build it as soon as possible.

Dr. H. C. Steeves has been appointed Superintendent of Mental Hospitals in British Columbia, succeeding the late Dr. C. E. Doherty.

The first unit of the Industrial School for normal and mentally deficient children at Essondale, B.C., has been completed.

When all the buildings in connection with the Essondale Institution are completed, it will rank as the finest institution of its kind on the Continent.

The Province of Saskatchewan has voted $1,500,000 for the building of a new Mental Hospital at Weyburn. This hospital will serve the southern district of the province, and with the Battleford institution, will be able to adequately handle all patients suffering from mental diseases.

The Department of Education, Province of Ontario, is at present conducting a series of surveys in the public schools of the larger centres in the province. This work is being done by Dr. Sinclair, Supervisor of Auxiliary Classes, and Dr. Eric Clarke.

As a result of these surveys, special classes for mentally deficient children are being inaugurated in a large number of cities.

UNITED STATES

Colorado

The citizens of the State of Colorado, at the November election, voted favourably on a bill authorizing an appropriation for a state psychopathic hospital. The vote is particularly significant as this was not a fortunate year for initiated measures, as is shown by the fact that six of the ten initiated measures failed.

New York

The Hospital Commissions of the State of New York are now operating thirty-eight free mental clinics throughout the state. At ten of the thirty-eight clinic centres, the State Commission for Mental Defectives is regularly co-operating in conducting joint clinics, and at six other centres, the State Commission co-operates in holding occasional joint clinics.

Connecticut

A bill to establish a psychopathic hospital in New Haven, at Yale University, will be introduced in the 1921 legislature of Connecticut,

Massachusetts

The Psychopathic Department of the Boston State Hospital has been made a separate state hospital by legislative enactment. It is hereafter to be known as the Boston Psychopathic Hospital. Dr. C. Macfie Campbell, formerly of the Henry Phipps Psychiatric Clinic, Baltimore, is the new Medical Director. Dr. Douglas A. Thom will have charge of the out-patient department.

Minnesota

Interest is being expressed in the establishment of a state hospital at the University of Minnesota. It has the indorsement of the State Medical Society, many state and municipal officers, and social workers. It is proposed to have a hospital of at least 70 beds to be placed in the university hospital group and conducted by the medical school under a joint arrangement between the university and the State Board of Control.

Texas

The Northwest Texas Hospital for mental diseases, which was authorized by the 1917 legislature, is nearing completion. The East Texas Hospital, authorized the same year for coloured patients, was opened September 1st, 1919.

BOOK REVIEWS

PSYCHOLOGY FROM THE STANDPOINT OF A BEHAVIORIST. By John B. Watson. Published by J. B. Lippincott, Philadelphia and London. Pp. 429. Price $2.50.

After an absence of nearly four years from academic life it is stimulating, refreshing and instructive to meet such a book as the one under review. No book is perfect and that is the reason why more and still more books are published. This one errs in the direction of insufficiency, a defect not due to the inability of the author but rather to the present incompleteness of the science of behavioristic psychology. The defect is not permanent.

It might be said that the chapters on the nervous system are rather too extended because in the remaining discussions one fails to find much correlation thereto. Students of behavior should know all this, but if they are to know it well they must needs go outside the psychology classroom.

The treatment of response, instinct, language and thought are excellent, not so much for the actual material (which is not small) as for a distinct and valuable contribution towards a new point of view and progress in accordance therewith. This is no summary or abstract. The book deserves careful study by physicians and psychologists interested in human behaviour. Its chief value lies in the new way opened up for the more exact and objective study of humans—a way which should appeal to all interested in the application of the laws of behavior to the problems of life. Professor Watson has blazed a trail.

W. D. T.

THE FORM AND FUNCTIONS OF THE CENTRAL NERVOUS SYSTEM. An Introduction to the Study of Nervous Diseases. By Frederick Tilney, M.D., Ph.D., Professor of Neurology, Columbia University, and Henry Alsop Riley, A.M., M.D., Associate in Neurology, Columbia University. 1,020 pages; 591 figures, containing 763 illustrations, of which 56 are coloured. Price $12.00. Publishers: Paul B. Hoeber, New York, 1921.

For many years neurologists have been endeavoring to teach

diseases of the nervous system from the anatomical and physiological view-point.

Purves Stewart, in his excellent book "The Diagnosis of the Nervous System," describes the various symptoms found in nervous diseases from an anatomical standpoint. In this present volume, by Tilney and Riley, the authors have gone further. As they state in their preface: "This work is designed to fill the gap between morphology and the practical requirements of clinical medicine. It aims to visualize the living nervous system; to make accessible an appreciation of its vital relation to the functions which go to make up life, as well as the defects in these relations which result in disease."

They have fully achieved their purpose and have opened up a new interest, as well as vision, in neurology. This book cannot be too highly recommended to all those interested in the nervous system.

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